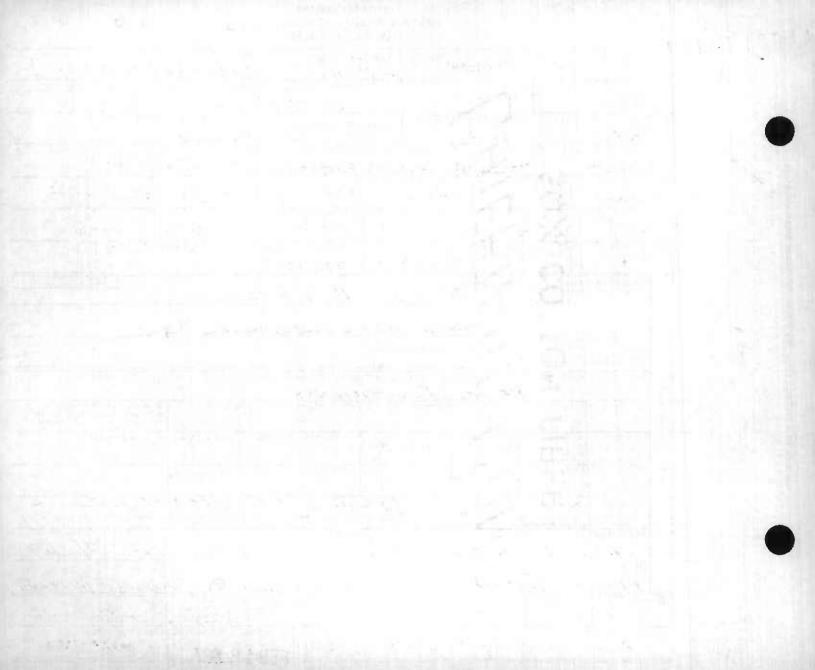
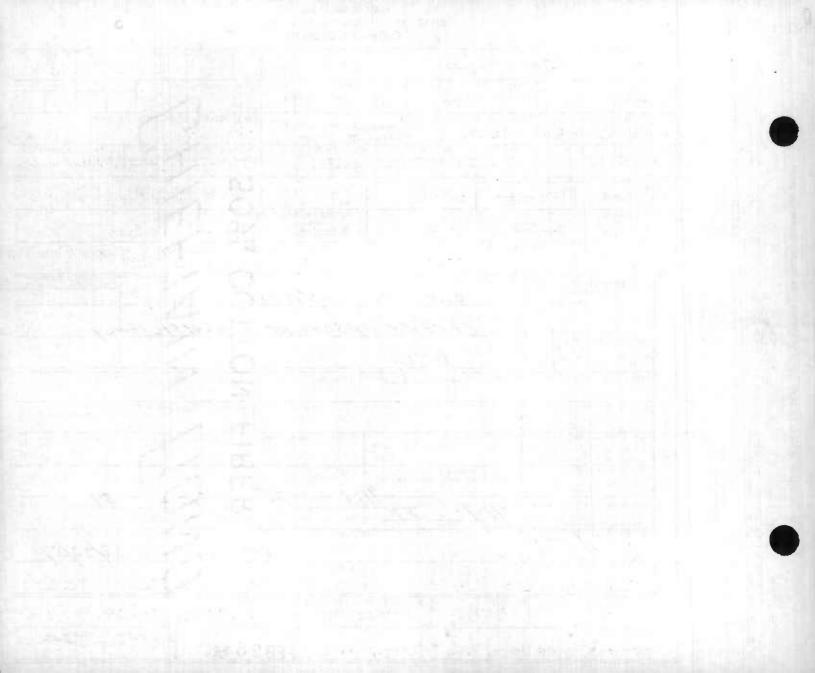
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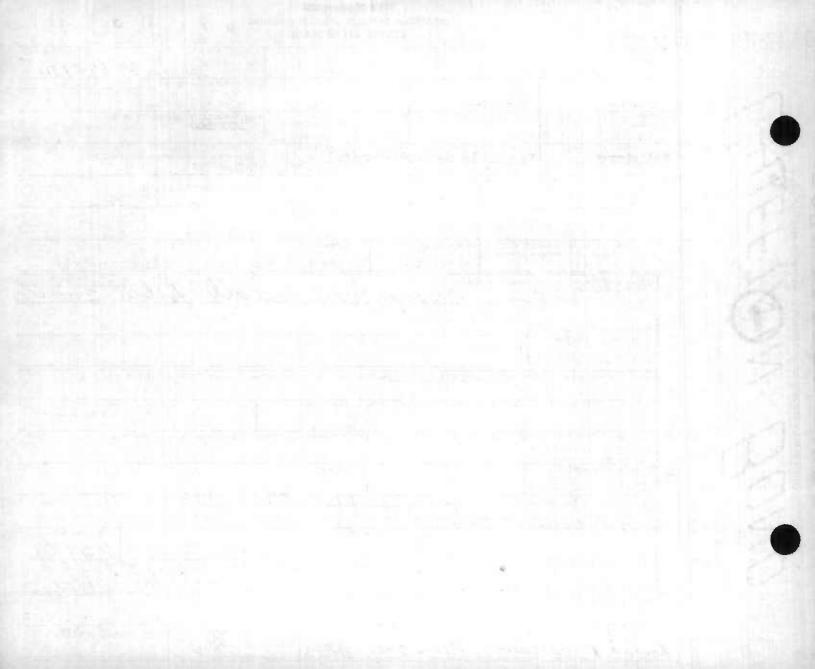
STATE OF MARYLAND



5504 FEB 271	71 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.						
y be oge 3. death		CEASED NAME FIRST BEUL	AH Nock		LLEN		20 DATE OF DEATH MOP		37 4: A
ge 4 may ector, pog rs offer de	3. SE	emale	4 RACE White	5. DATE O		1894	6 AGE (IN YEARS LAST BIRTHDA		EAR IF UNDER 24 HRS
nerol dire	7a BII	RTHPLACE (STATE OR FOREIGN COUNTRY) Callwood, Virginia	76 CITIZEN OF WHAT COU	MARRIE WIDOWI	D NEVER		9 BALTIMORE CITY OR CO WICOMICO	1000	4 MD
by the full filed within	10 C1	TY OR TOWN OF DEATH ALISBURY	11. NAME OF HOSPITAL, I			TITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired Tea		DIC Schools
AND 212 n 24 hour filled in nould be framestabe	13a S		omico Salis	R TOWN BULY	13d INSIDE (NO 🗌	13. STREET ADDRESS / ZI	od Drive	21801
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rtificate by physicia physicia physicia phagoris emovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	D BY	(b), and ici.)	A.	MAE-	17.	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
DS, 201 W. PRESTON ST quires that settlicing is signed by the afficting in particular temption, or ret to burial, cremation, or ret jury, or ather traumatic ex-	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COL	E SHOV USEQUENCE OF			INSUFFI		
L RECOR	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? 20 IN	IS IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requirantending physician. After this certificate been signs the burot-transit permit. There is and Mental Hygiene prior to be docted or literal 18 shows any injury.		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	21c HOW IN	NJURY OCCUR	RED (ENTER NATURE OF INJURY IN		
NO PHYS offer this of the burner of the burn	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM ETC.)	211 LOCATION STREE		CITY OR TOWN	COUNTY	STATE
TENDI or Use or Use of Heal		22a I certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did no	ot) view the body after death		nd that in (my)	19) (aur) apinion	death accurred on the date of	and hour and fram	, that (II (we) last the causes stated
# He Dod		276. SIGNATURE DEGREE					MEDICAL STAFF DIRECTOR PHYSICIAN	7	SZS7
O HOSPITAL etoined by the TO FUNERAL should be det with the Store		WILLIAM H. RO	OBINS M.D.			CIVIC A	VE & RT. 50,8	SALISBURY	,MD.21801
ВР	23a. B	urial, Cremation, Removal SPECIFY) Burial	23b. DATE 2/24/1987	Parso	ns Cem	etery	Salisbury, W		
DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director Holloway Funeral	Home, P.A.,	Salisbury,	Maryla	and FEB	26 1987	REGISTRAR'S SIGN	ATURE



	1			STAT	E OF MARYLAND			0 1
	11.	FOR - STATE			EALTH AND MENTAL HYC	SIENE 8	060	7
44285 FFR 1		7 REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
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erol 72	_	country) elaware	USA	MARRIE	D NEVER MARRIED D	Wicomico		MD.
b prid	7 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
Por the Control of th		alisbury /	Peninsula		spital	carpenter	E WORKING LIFE) I INDUSTRY	
1 1 Pon 1 1	USU 13a	AL RESIDENCE (IF NURSING NOME OF	OR OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION) TY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	KKIGG
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2 sh	W.F.	ATHER'S NAME	MIDDLE	LAS1	15. MOTHER'S MAIDEN NA			
w be ond	15	David R.	Baker	LASI	Annie Bel	lle Donaway		AST
Se cot		WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
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ALTI		18 CAUSE OF DEATH (Enter of	anly one cause per line for	(a) (b) and (c)				XIMATE INTERVAL NONSET AND DEATH
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201 ned plec uriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE OR CONF	DITION GIVEN IN PART 1	la la
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the district of a strending physician. Viter this certificate hose a signed by the run of the buriol-tronsit permit. Then please remit common in an as the buriol-tronsit permit. Then please remit common or removed or them 18 shows any injury, or ather traumatic even	No							
Drior prior	H E	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
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or or se as a	100	22a.1 certify that (1) (this has	pital) ottended the decep	ased from/ -	- 17 19 8	to	7 1987	. ther (1) (we) last
or or or selection of the		saw the deceased alive a	n	198/0	nd that in (my) (aur) opinion	death occurred an the do	ate and have and from th	()
OR AT DIRECTORECTORES DEPT. If them		obove, (1) (we) (did) (did r 22b. SIGNATURE	of) view the body after di	eath.	DEGREE		22t. DAT	E SIGNED
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Off Off	23a.	BURIAL, CREMATION, REMOVA	1 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	110.21	00/
199999		(SPECIFY)				CITY OR TOWN	Sussex,	Delaware
1100	24 F	Burial UNERAL DIRECTOR	1/31/87	Millsbo	ro Cem	FREC'D BARCUSTRAR		JORCE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEEGISTRAR DECEASED NAME DATE KNOWN TO (TYPE OR PRINT) ESTI-Paul DEATH MATED 15 19 87 025 Baker 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY DAY YEAR PRONOUNCED 13 26 Male White 61 DEAD 10 87 0251 YRS In BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Delaware USA WIDOWED Wicomico DIVORCED TO THE FL PAGE 5 BE FILED, V CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS Salisbury FARMER & pountryman Peninsula General Hospital farming COUNTY 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [Delaware Sussex Frankford 3 Box 200 HATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Addie Manford Baker M. Baker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. Del. 19945 (IF YES, GIVE WAR OR DATES 222-18-3681 Hazel M. Baker, Rt. 3 Box 200, Frankford ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease vears IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. ED AS A BURIA HEALTH AND AL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY JATHOME, 21f. LOCATION STREET, FACTORY, FARM FIC I STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE CENTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STINGARE, MARYLAND, 2 Inspection X 27a I certify that I took charge of the remains described above, held an Autapsy and in my opinion death resulted from: Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkelev. M.D. Salisbury. Maryland (TYPE OR PRINT) **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 2/18/87 Millsboro Cemetery Millsboro, Sussex, Delaware Burial 1987 GURERANESSUANISTA 24 FUNERAL DIRECTOR **DHMH - 17** Millsboro, Delaware (VR A15 ME (5))

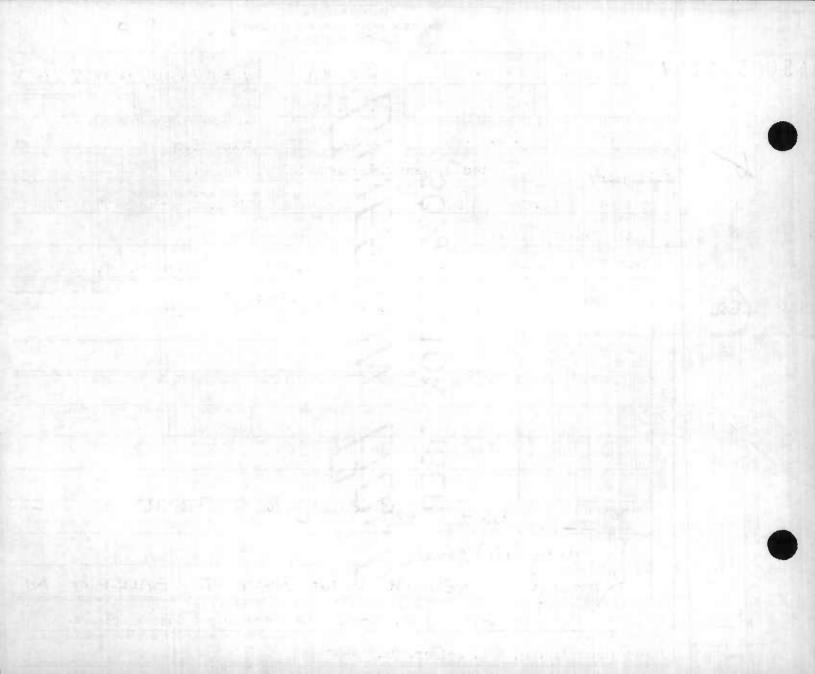
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CONTRACTOR (1)

(VRA 15, 4)

STATE OF MARYLAND

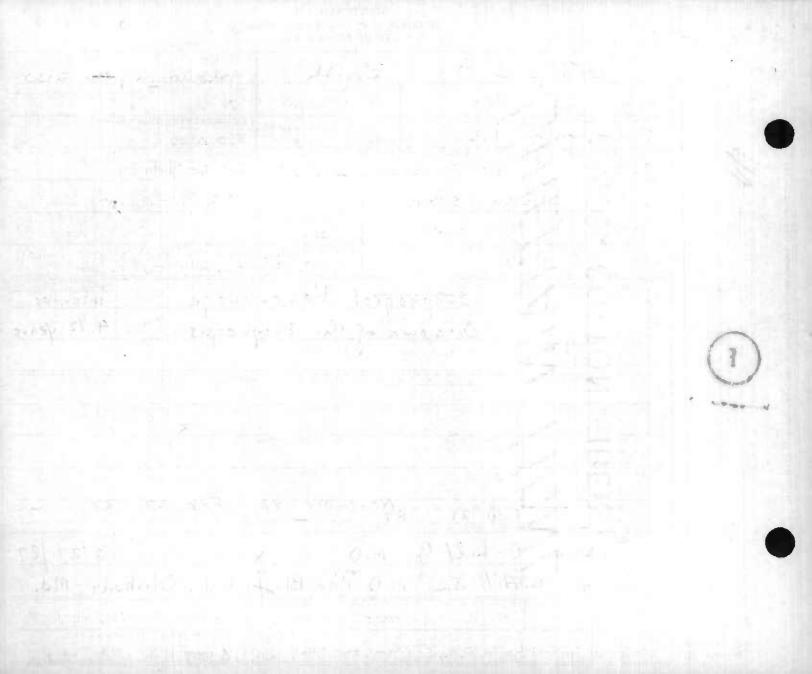


TO HOSE Tetoined TO FUNI should bis with the in	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the linear directors should be deliabled for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled with 72 buriability deliand with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examiner marke a distilled months
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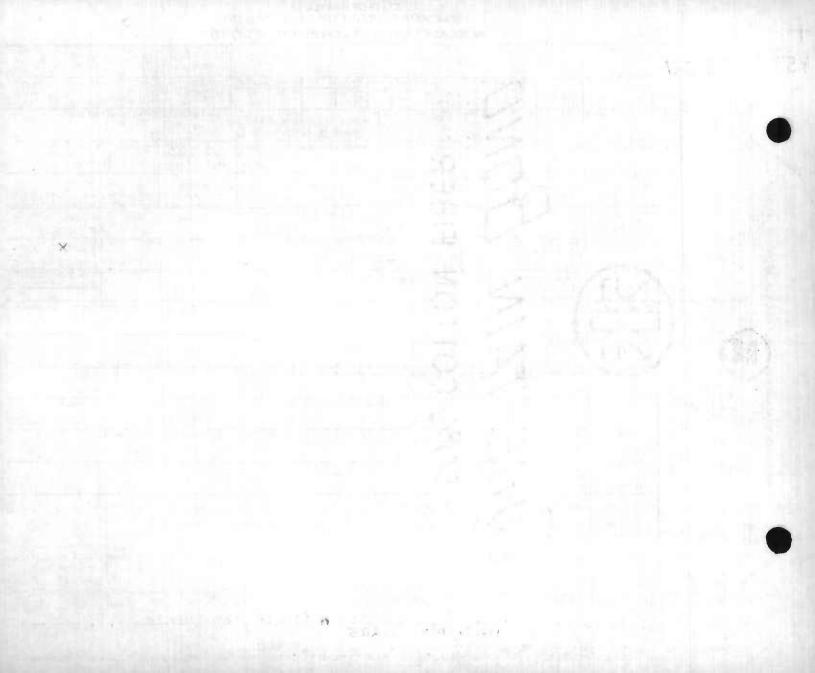
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Or Or Se o		22a I certify that (I) (this hospito	I) ottended th	e deceased from_			_, 19	, to		9	that (I) (we) last	
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0 a 5 d y ₹	23a l	BURIAL, CREMATION, R	EMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE	
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR						250 DATE	REC'D. BY REGISTRAR				
(VRA 15, 4)		Holloway Fu	neral	Home,	P.A., Sali	sbury,	Marylo	and FEB	20 1987	Julia D	wider.	Girani	

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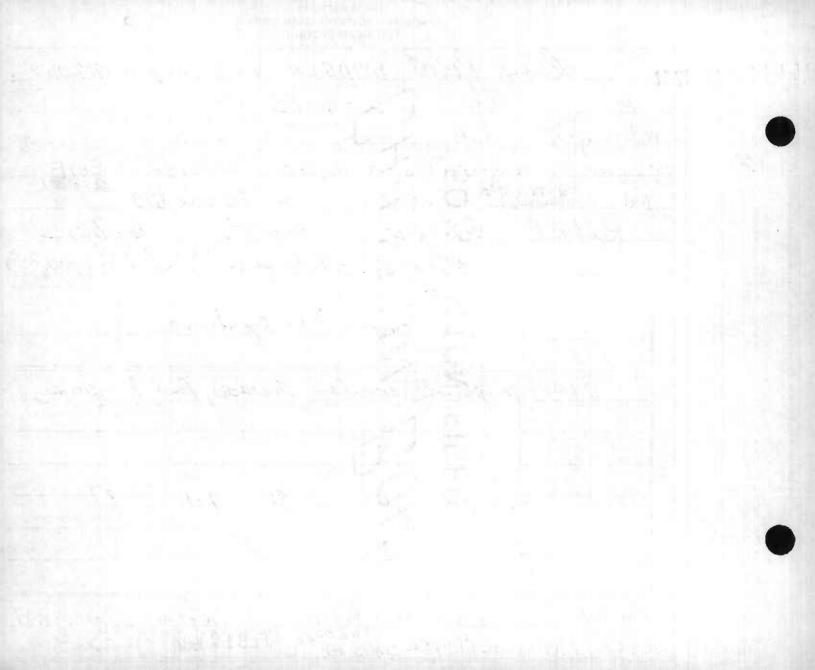


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN X TYPE OR PRINTS ESTI-DEATH MATED Donald Price 24/19 87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH 1 SEX DATE LAST BIRTHDAY) PRONOUNCED white pril12,1929 Male DEAD 19 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED TO DIVORCED Wicomico County, 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Machinist Salisbury Peninsula General Hospita CGR Med. 136 COUNTY 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Rerlin YES [Worcester NO S Lake Haven Park 2181 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Brice Amelia Norgran 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) 216-24-1894 Yes Darlene M. Evans Bal to 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 18 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. YES X NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Homicide ___ Undetermined manner death resulted from: Natural couse TITLE (SPECIFY) ACTUAL 2/25/87 Assistant MEDICAL EXAMINER SAGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Buria Glen Haven Men. PK 07/84 BP Rurnie 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 237 E. Patapsco Ave Home



	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES / Q O REG, NO.	0 7 /
12 G FEB 17		CEASED NAME E OR PRINT)	Robert BRIDGEN FEBRUARY 11	YEAR 26 HOUR 1987 USO N DER I YEAR IF UNDER 24 HRS.
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The death certificate be the death certificate be the death certificate be the death certificate the death cer		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost		APBROXIMATE INTERVAL BETWEEN ONSET AND DEATH
has been signed the permit Then plant on the benefit of the permit Then plant on the benefit of	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		REGINDINGS USED G CAUSES OF DEATH?
PHYSICIAN The confidence of Survivillations of Marchall Hygan of M	MEDICAL CERT	71a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 71d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 216. LOCATION	
ATTENDING nphal or att CTOB after if for use or the or the other		WHITE AT WORK 220.1 certify that (1) (this haspital saw the deceosed alive an obove, (1) (we) (did) (did not)	of ottended the deceased from	that (I) (we) lost from the couses stated
HOSPITAL OR. PUNERAL DRE MIN BE STORE DEPT ONT AN INC.		276 SIGNATURE 276 PHYSICIAN'S NAME (Type OR)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	??c DATE SIGNED
0 € 0 € T € +		BuriAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF LOWN COLOR OF LINE 2001 OWN	DOVC, MO
DHMH - 16 60M 7/84 (VRA 15, 4)	74 F	other Memo	orial Chapel Salis, Md 920 FEB 17 1987	SSIGNATURE

STATE OF MARYLAND

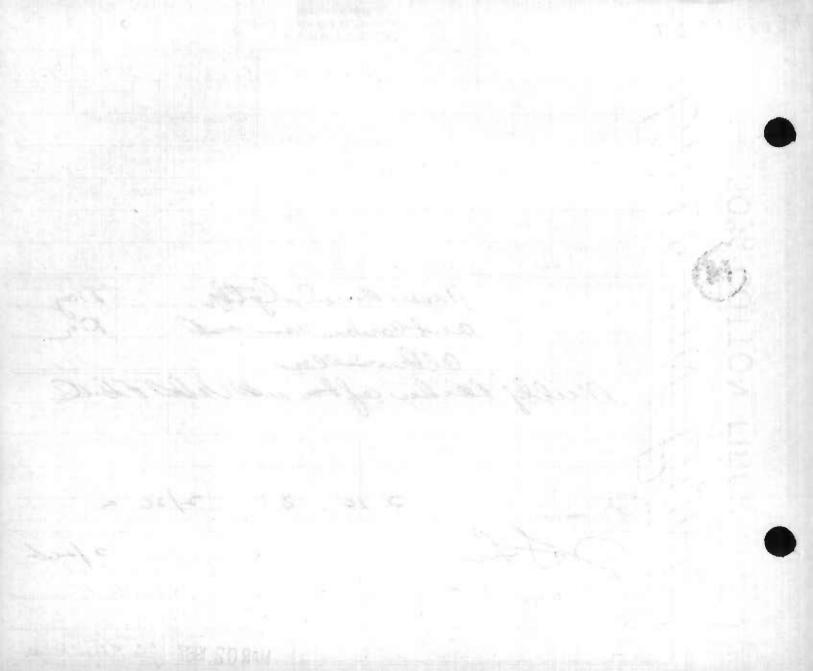


)	4	6	0	2	1	11
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		ITAL OR ATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours affer death. Find 4 may be	by the haspital ar attending physician.	RAI DIRECTOR After this certificate has been signed by the critical interpretation and completely filled in by the funeral director, page 3 decorbed for use as the burial-transit permit. Then please remaining its Pages 1 and 2 should be filled within 72 hours after death	fate Dept. of Health and Mental Hygiene prior to burial, crema

021 M	10 -	18	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 /	0 6	3 9 8	
			CEASED NAME FIR	ST	MIDDLE	Ł	AST	20 DATE OF DEATH MO	ONTH DAY YEA	10 1100K	
page 3		(1111)	Mar	garet		1	Brindle	02	27 198	7 4:00 p _M	
mo)		3 SE		4 RACE			DE BIRTH	6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS	
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filled in sould be	25	13a S	AL RESIDENCE (IF NURSING H STATE aryland	ome or other institution COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY OMICO Salisbut		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / Z	p CODE bourn Mil	.1 Ln. 2180	
mpletely	20	14. F.A	ATHER'S NAME	WIDDLE	Bobie		15. MOTHER'S MAIDEN N	ame iknown		LAST	
n and ca	Jedico		VAS DECEASED EVER IN U	S. ARMED FORCES? YES, GIVE WAR OR DATES)							
a physical control of the phys			18 CAUSE OF DEATH (E) PART I. DEATH WAS O	nter anly ane cause pe AUSED BY: AEDIATE CAUSE (a)	r line far (a)b', an	duju	uny are	ut-	APP BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
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an. has been permit	us ony in	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	19b. CONDITION FOR WHICH OPERATION WAS PE			N WAS PERFORMED 200 AUTOPSY? 201 IN		NDINGS USED USES OF DEATH?	
physicismitificate altransitatel Hygi	9		21g ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE LIFETHER NOTIFY MEDICALES	OF DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY I	NITEM TO PART I OF PAR	1 2)	
G PHYS	xed or a	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNT	Y STATE	
spital or cTOR Aft	NT: If them 21 is market		22a I certify that Chis			6 , ar	. 19	n death accurred on the date	and have and leam	that (1) (6) last the causes stated	
O e do de		. 9	226. SIGNATURE	wed M	- lun	M		MEDICAL STAFF DIRECTOR PHYSICIA	1_	2/28/87	
O HOSPITA etained by TO FUNERAL should be de with the State	A L		22d. PHYSICIAN NAME	4. Word,			PG-ADDRESS PG-AA	nc		,	
BP			BURIAL, CREMATION, REM SPECIEVE Cremation	OVAL 236. DATE 2-28-			emetery or crematory va Crematory	Lewes	Sussex		
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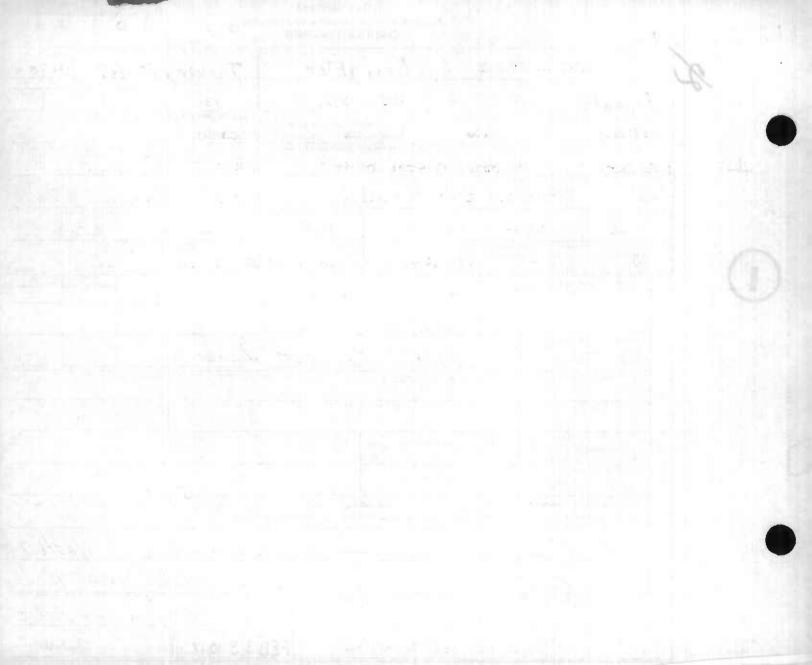
STATE OF MARYLAND 4 5 7 2 4 MAR -3 BY - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINTS LAIRD 1 N, SR. ROBERT FEBLUARU 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY October 7, 1915 MALE WHITE TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PENNSYLVANIA Wicomico WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STEEL MANUFACTURING- PRODUCTION Peninsula General Hospital Salisburv USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STATE NECOUNTY Rt. 1, Box 307-15 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND WORCESTER OCEAN CITY NO X YES [] & FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edna Maw 1 AST William. D. Britton Daisey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Robert 1. Britton, Jr. Rt. 1, Box 307-15 GIVE WAR OR DATES) Yes 205 01 2694 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far, to), (b), and ic. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse OMBITIONS CONTRIBUTING AD DEATH BUT NOT \$51,000 TO THE TERMINALDISEASE OF COMBITION GIVEN WHAT THE 70h. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSY? IN CERTIFYING CAUSES OF DEATHS NOF YES [NO I THE HOW INJURY OCCURRED (ENTER MATURE OF PART IN THE RELE PART I DRIPART TO TIN ACCIDENT WAS UNDERLYING [7] TIN TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TT CAUSE OF DEATH OF EITHER NOTES WEDG AS EXAMPLES 19 THE INJURY OCCURRED TH LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET FACTORY, OFFICE PARM, ETC.) CITY OF TOWN STATE NOT WHILE IT The I county that (I) Ithis hospital attended the deceased from for the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) with the body after death 775 SIGNATURE DEGREE FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME MPORT 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 03/02/87 Glen Haven Memorial Pk. Glen Burnie STATE BURIAL BP. Arundel Md. 24 FUNERAL DIRECTOR 108 Williams St. DHMH - 16 60M 7/B4 21811 when Divider Randal (VRA 15. 4) Berlin, MD w. Kirk Burbage



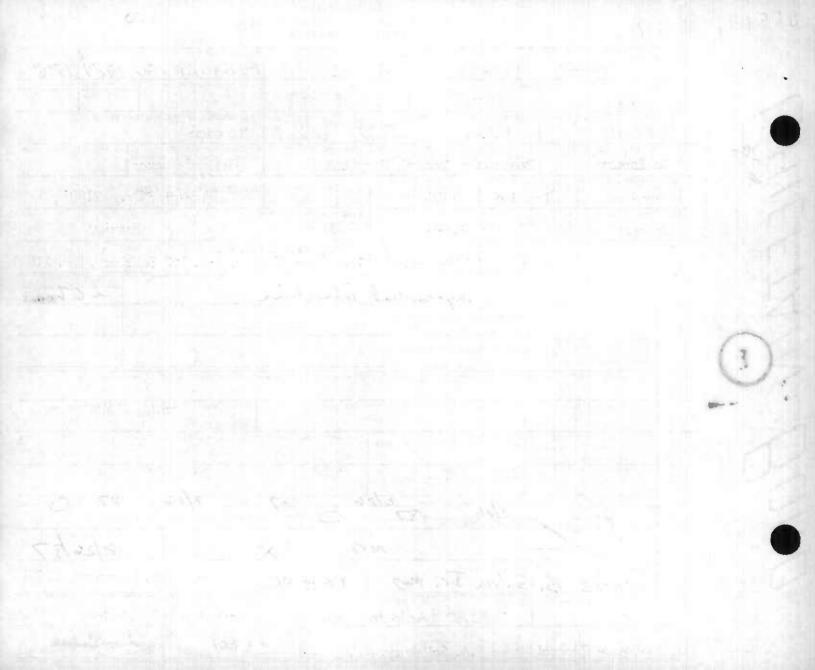
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0 4 0 7 1 mm	1. DE	CEASED NAME FIRST	MIDDLE LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR
3 81		Georg		1-EBRUARY 24,1987 2015 M
as other a	3 SE	male	white Oct. 29, 1905	6. AGE (IN YEARS LAST BIRTHDAY) F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
	7a Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	
1 101	LV	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	Wicomico MD. 170 USUAL OCCUPATION 170 KIND OF BUSINESS OR
1 180	Sa	lisbury	Peninsula General Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY VETILED MER. DOOLE
CAND 212	N	arvland Word	ester Stockton YES NOW	13 STREET ADDRESS / ZIP CODE 21864
мая	1	GEORGE	W. Brown 15. MOTHER'S MAIDEN N. Minnie	MIDDLE Justice
IMORE.		VAS DECE ASED/EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT EWAR OR DATES! 215-20-126/ Lola Brown	Horntown Road Stockton Md 21864
DS, 201 W. PRESTON ST., givings that the adaptive certific is placed by the certific properties the places the carbon popular, command	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
Na RECON	CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
OF VITA	0.75	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)
(VISION NO. 12 Per 15 cm the control of the control	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TENDIN Male or TOP. At or out of If Health		22a.1 certify that (1) (this haspit saw the deceased alive on.	cal) attended the deceased from 1987, and that in (my) (our) apinion	to 2 2 4 , that (I) (we) last a death occurred an the date and hour and from the causes stated
If all OR All OR All OR All OR Education of All Or Section of All		27b. SIGNATURE aul LH	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 2/24/87
O HOSP reguled 1 TO FUNE MPORTA	/	PAUL R	Fleury 560 Rivi	erside DR SALISBURY MP
BP		SURIAL, CREMATION, REMOVAL	236. DATE / 236, NAME OF CEMETERY OR CREMATORY 2 / 28/87 Union Front Kin Ci	To Greenpackville Worrester Md
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	NERAL DIRECTOR COUS. MUL	ser Paamste City, Md MAR	TERECO. BY REGISTRAR 75% REGISTRAR'S SIGNATURE

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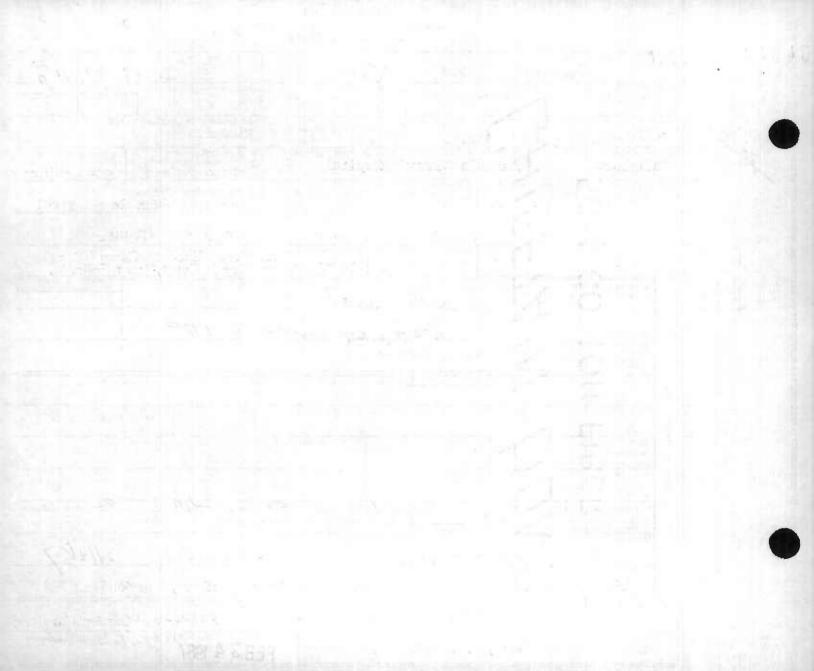
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n m = -/	1 DECEASED NAME FIRST MIDD (TYPE OR PRINT) MADEL IZ CREMCE	PILT	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
page deot	MABEL K. SPENCE	Lre191/61	January 25,1997 0130 M					
the p	3. SEX 4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
oge de la company de la compan	temale WHITE	october 3, 1913	TRS.					
9 P P P P	70 BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WH	AT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
The state of		USA WIDOWED DIVORCED WICOMICO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)						
in the second								
5 0 10 p	Salisbury / Peninsul	a General Hospital	SOCIAL WORKER STATE OF MD.					
be be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE 136. STATE	CITY OR TOWN 1134 INSIDE CITY HAITS	S? 130 STREET ADDRESS / ZIP CODE					
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The state of the s	14. FATHER'S NAME	15. MOTHER'S MAIDEN						
MAI by	I SAÁČ HÉNRY	SPENCE JEAN	MATILDA KEENEN					
RE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 161	SOCIAL SECURITY NO. 17 INFORMANT	Racesi, Box 38					
W Wed	(YES, GOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2	18-14-4136 DAVID S. CI	REIGHTON, EAST NEW MARKET, MD					
ALT.	18 CAUSE OF DEATH (Enter only one couse per line		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
T. B	18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiae Arse C						
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STO leoth trenc ve co ion,	Conditions, if ony, which	Anchemie Pardie	mesch					
he d he d mother r tro	gove rise to immediate	A CONFEDURNCE OF	19 0					
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201 pled urnol	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE I	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110					
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DIVISION OF VIT	WHILE NOT WHILE AT WORK AT WORK	FACTORY, OFFICE, FARM ETC.) STREET	CITY OR TOWN COUNTY STATE					
3 0 8	22a I certify that (h) (this haspital) attended the gr	éceosed from 1/2/87 19	19 that ((we) lost					
ATTEN Spritol CTOR d for un n 21 is	sow the deceased alive on above (1) (we) told (id) (id) not) view the body after	7 19 and that in (my) (our) sour	nion death occurred on the date and hour and from the causes stated					
OR A DIRECTOR A LINE OF A LINE OF LINE	The SIGNATURE	DEGREE	22c DATE SIGNED/					
2 0 2	14010-11110	ATTENDIN	MEDICAL STAFF NO DIRECTOR PHYSICIAN (1/25/87)					
PER AN STORY	22d PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS	THE STATE OF THE S					
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the State	Physim I Cong	POBOX =	2636 Salisbun mo 2180/					
Og Og M	230 BURIAL CREMATION, REMOVAL 236, DATE	23c. NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION					
BP	BURTAL 1-28-87	EAST NEW MARKET CEN	CITY OR TOWN COUNTY STATE					
	24 FUNERAL DIRECTOR		DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
DHMH - 16 60M 7/84 (VRA 15, 4)	ZELLER FUNERAL HOME, EAST		FR 1 3 1087 Julia Julian Renders					



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24 17	mo)	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
	ge 4		Male	Wh		0		66	YRS	
0	neral di 72 ho		RTHPLACE (STATE OR FORE) NDIANA	76. CITIZEN OF		NTRY? 8. MARRIE WIDOWE	NEVER MARRIED	Wicomico	R COUNTY OF DEATH	MD.
5			alisbury	Penins	HOSPITAL, N CHEACILITY, GIVE LLA GET	IURSING HOME C ESTREET ADDRESS) NETAL HOS	spital	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired		BUSINESS OR
BALTIMORE, MARYLAND 21201	filled in loyd be f	13a S	AL RESIDENCE (IF NURSING H STATE 136 aryland	OME OR OTHER INSTITUTION COUNTY WICOMICO	13c. CITY OF	E BEFORE ADMISSION) R TOWN SOULY	13d. INSIDE CITY LIMITS? YES NO [13 STREET ADDRESS .	zip cope ater Dr. 2180	01
MARYL	mpletely and 2 st		ATHER'S NAME Drnest	MIDDLE	Davie	st 25	15. MOTHER'S MAIDEN N May	AME	Pursley	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	requirement in high certification of the corbon or to be the troumorite even injury, or other froumotic even	TION	Conditions, if any, when gove rise to immedicate (a), stating underlying cause le	ote (b)_ote the DUE TO, Cost (c)_CANT CONDITIONS C	OR AS A CON				DITION GIVEN IN PART 110	hows
AL REC	The low hos be the serm	CERTIFICATION	190 DATE OF OPERATION			VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C YES	
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ia 💮	ATTENDING ospital or off ECTOR: After of for use as the it. of Health of it. of Health off m 21 is marke			s hospital) attended the		19 87 , ar		2 , to 2/1	the ard hour and from the co	
	ral OR by the horal DIRE detache onte Dep		226. SIGNATURE					MEDICAL STA	FF CIAN [] 272 DAJES	187
	TO HOSPITAL retained by t TO FUNERAL should be det with the State IMPORTANT.		PHYSICIAN'S NAME	B. Silvi	à Jr.		P6 HMC		bury, Maryland	21801
	BP	23a. E	BURIAL, CREMATION, REM (SPECIFY) Burial		02/87		emetery or crematory	23d LOCATION CITY OF TOWN Arlington	Virginia	STATE
		24 EI	JNERAL DIRECTOR					ATE REC'D. BY REGISTRAR		



	1.	FOR STATE		DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENES /	0 6	103
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ge 4 moy ector. po	3. SE	Female	4.	White	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
eoth. Pos		RTHPLACE (STATE O		d U.S.A.	MARRIE WIDOW	D NEVER MARRIED D	9 BALTIMORE CITY O Wicomico		TH
See the Constitution of th	10 C	alisbury	ATH II	NAME OF HOSPITAL, N PENTINSUTA CE	heral Ho		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retired Off	WORKING LIFE) INDU	ind of Business or Utilities
124 hourst	₩5U 13a. :	AL RESIDENCE (IF NO STATE Maryland	136 COUNTY Wic	HER INSTITUTION, GIVE RESIDENCY 13c. CITY O Salis		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
red within		Ira	W.	Wright		Mary Mother's Maiden Na	Elizabeth	Phillip	LAST)S
be execu		VAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARME	VAR OR DATEST	10-7711	17. INFORMANT Mrs 10305 Hickor	. Mary Eliza ry Creek Cou	ss beth Corry rt,Great F	(Niece) alls,Va.
res that the death certifical shed by the attending purplesse remove cortillor brunal, cremation, or miany, or other traumatic exercises.		Conditions, if an gave rise to in couse (a), statu underlying cous	y, which nmediote ing the ie last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	with fines	ATO UHF	=	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
hos been sit permit. The ene prior to	CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
PHYSICIAN: The anding physician this certificate is buriol-tronsil and Mental Hygin desired in the physician than the physician		210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCUR			
offendin offer this of the burner of the bur	MEDICAL	21d INJURY OCCU	VHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN COUN	NTY STATE
ATTENDIII ospitol or ECTOR. A d for use of		sow the deced abave, (I) (we)	sed olive an	attended the deceased 2 199 view the bady after death.	All all	nd that in (my) (aur) apinion	to 2/19 death occurred an the da		
by the har		226 SIGNATURE	V B	Morrey	MD	ATTENDING PHYSICIAN [MEDICAL STAF	F _	119137
TO HOSPITAL TO FUNERAL should be det with the State		W.B. Ho	rner, M	.D.		100 Power Stre	et, Salsibury	, Maryland	21801
BP	23a	SPECIFY) Burio	1 REMOVAL	^{23b. DALE} /23/1987		EMETERY OR CREMATORY S Ceme t ery	23d LOCATION CITY OF TOWN Sal isb	Jry, Wicon	ni∞,Marylan
DHMH - 16 60M 7/B4 (VRA 15, 4)		Holloway F	uneral h	Home, P.A.,	Salisbury,	Maryland 250. DAT	EB 2 4 1987	25b. REGISTRAPS ST	SHALUP Condace



INDUSTRY Seafood 136 STREET ADDRESS / ZIP CODE (21824) Brimer 21824 Ewell, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Deer's Head Center: Salisbury, Md. 730, BURINE CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. 2/5/87 Ewell Burial Ewell Church Cemetery Somerset 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Bradshaw & Sons Crisfield. Md. 21817

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)

CERTIFICATE OF DEATH

REG. NO

2h HOUR

12h KIND OF BUSINESS OR

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Hodin Min-	14.	REGISTRAR		CERTIF	ICATE OF DEATH	R	EG. NO.		
1 1 3	I DE	CEASED NAME FIRST	WIDDLE	0 1	AST	20. DATE OF DEA	HINOM HIA	DAY YEAR	26 HOUR
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od od	3. SE	X	4 RACE	5. DATE (6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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Pogg der		RTHPLACE ISTATE OF FOREIGN		DUNTRY? 8		9 BALTIMORE	TITY OR COUNTY	OF DEATH	
ま 155 まり		Maryland		WIDOWE	D NEVER MARRIED W	Wicomi	ico		MD
5 5 5 6		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	. NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCC			F BUSINESS OR
of softe	Sa	lisbury	Peninsula	General	Hospital	(TYPE OF WORK FOR	MOST OF WORKING LIF	E) INDUSTRY	
212	USU 130	AL RESIDENCE (IF NURSING HON	ME OR OTHER INSTITUTION GIVE RESIDE OUNTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	1120 STREET ADD	RESS / ZIP CODE	9:	1444
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SE, P		VAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT		-		
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57		IMME	DIATE CAUSE (o)	und pr	the charge				
OT 182		Cd'A'.	DUE TO, OR AS A CO	ONSEQUENCE OF	0000				
RE STATE OF THE ST		Conditions, if ony, which gove rise to immediate	e /	remove	ne sau v	•			
W of the other		couse (a), stating the underlying couse lost		DNSEQUENCE OF					10.500 17.00
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L RE lo son.	Ĕ					YES NO		YING CAUSES	OF DEATH?
VITA VITA VITA VITA VITA VITA VITA VITA	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR		-		
Clar Physical Physica		OR CONTRIBUTING CAUSE O		NTH DAY YEAR					
ding ding ding of the buring of the	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Υ	211 LOCATION				
VISIN The strength of the stre	X	WHILE NOT WHILE T	AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CII	Y OR TOWN	COUNTY	STATE
Ath of the Mark		AT WORK	nospital) attended the decelase	ed from 2/22	10 8 /	to	2/22	10 87	that (I) (we) last
TEN TOR OF TOR		sow the deceased alive	e on 2/2.7 /8	7 19 87 0	nd that in (my) (our) opinion	death occurred on	the date and hou		
REC. Ppt. o		22b. SIGNATURE	d not view the body ofter dear	th.	DEGREE			22c DATES	
The Die		N. 9	P.)		ATTENDING	MEDICAL	STAFF	21	1/47
HOSPITAL ned by th FUNERAL old be det the Store		27d. PHYSICIAN'S NAME (1	YPE OR PRINT)		22e ADDRESS	DIRECTOR P	HYSICIAN []	1/2	101
O HOSPII TO FUNER should be:		CHANCES	E LEE N	1)	PGHMC	- Salishu	cy Maryl	and 21	801
TO Show	23a	URIAL CREMATION, REMO			EMETERY OR CREMATORY	T23d, LOCATIO		21	
199899		Cremation Cremation	02/25/1987		y Crematory	CITY OR TO	ry, Wicom	COUNTY MAG	STATE
1 1 7 7 7	24 F	INFRAL DIRECTOR		-	250 DAT	E REC'D. BY REGIS		RAR'S SIGNATI	IRE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Holloway Fund	eral Home, P.A.	.∞Salisbury,	Maryland MAR			4	4.4
(484 13, 4)					IIIAI	1001	Shows the	-02-6	



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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27	87	STATE REGISTRAR				CERTIF	ICATE OF DEATH		NEG. NO). D.	0 ,	
		CEASED NAME	FIRST	N	NIDDLE	l.	AST (GORDON)	20			DAY YEAR	2b. HOUR
		F	LOYD	AGU.	М.	(ORDON		FEBRU.	ARY.	21,1987	1253 M
	3. SEX	X		4. RACE		5. DATE C	DAY YEAR		AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2		Male		Whit	е	June	6, 1911	- I	75	YRS		
-		RTHPLACE (STATE OR	FORE IGN		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	0 191	BALTIMORE CITY O	R COUNTY	OF DEATH	
and the same of th		Virginia		y,S.		WIDOWE	D DIVORCED		Wicomico			MD.
1		TY OR TOWN OF DEA	ATH	(IF NOT IN SUCI	FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(1	D. USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIF	12b. KIND O INDUSTRY	F BUSINESS OR
-		lisbury					. Hospital	1 1	aintenanc	е.	Hospi	tal
La	13o. S	AL RESIDENCE (IF NURS	136 COUN	1TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Marion		134. INSIDE CITY LIMIT	TS? 13	STREET ADDRESS	ZIP CODE	(21838	1
di		aryland ATHER'S NAME	Some	rset	PAPTON		YES NO 1		P. O. Box	100	121030	
1	7	Israel		MIDDLE	Gordon		Blanc		EDDLE		Bea	'n
1		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS		
1	n	YES, NO OR UNKNOWN)		e war or dates)	184-03-3	927	Rachel S.	Gord	ion Sam	e as	13 a,b,	c,d,e
	NC		, which' mediate ag the lost	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE	ETERMINA	AL DISEASE OR CON	DITION GIV	EN IN PART 1	0.
1	CAL CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UNI OR CONTRIBUTING (IFEITHER NOTIFY MEDI	DERLYING E	216. TIME OF HOUR A.	FINJURY M. MONTH DA	riti	N WAS PERFORMED	-	200 AUTOPSY? YES NO (ENTER NATURE OF INJUI	IN CERTIF		NGS USED OF DEATH? NO
	MEDICAL	21d. INJURY OCCUR WHILE NOT WA AT WORK 22e I certify that (I)	this hospi	tol) ottended the	EET, FACTORY, OFFICE, FA	21	211. LOCATION STREET	87	city or to	2		state that (I) (we) lost
7		sow the deceos obove, (I/Tve) (1/2b, SIGN/2 IIIII	did) (did no	D. M.	ofter death.		DEGREE ATTENDIN PHYSICIA Tree ADDRESS	ING A	THE OCCUPYED ON THE DOCUMENT OF THE OCCUPYED ON THE OCCUPYED O	F _ /	r and from the	
1		WILL	tun	B. M	CONE		III DAV	11	57 5 th	MU	RYU	Vel
		BURIAL, CREMATION,		23h DATE 2/24/			EMETERY OR CREMATO		23d LOCATION CITY OR TOWN Marion	So	merset	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Bradshaw & Sons

21817 Crisfield, PRESSMd.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH > AREGISTRAR 20 DATE KNOWN LTYPE OR PRINTS ESTI-Evelvn HAMPTON HANDY DEATH MATED 16 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 67 19 Black 08 DEAD PO15 Female YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED TO NEVER MARRIED VIRGINIA U.S.A. Wicomico WIDOWED DIVORCED . 120 USUAL OCCUPATION (TYPE OF WORK O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) HOUSEWIFE Fruitland 302 Park Avenue 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 302 PARK AVE./21826 FRUITLAND **WICOMICO** 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LOTTIE MIDDLE HOWARD HAMPTON **JOSHUA** 17. INFORMANT ADDREKeene Ave., 405B 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Salisbury, Md. 21801 225-18-7606 Delphia Reid APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC) CITY OR TOWN COUNTY WHILE AT WORK FUNERAL DIRECTOR: P.
TER DEATH, WITH THE ST. Inspection X 278 I certify that I took charge of the remains described above, held on Natural causes X Suicide Homicide Undetermined monner TITLE (SPECIFY) 2-16-87 SIGNATURE EXAMINER'S NAME Bulkelev. John T M.D. ADDRESS Salisbury AFT A SALL 730 BURIAL, CREMATION, REMOVAL 736 DATE 2/21/87 John Wesley U.M. Church Westover Somerset Maryland BURIAL 07/84 JOLLEY MEMORIAL CHAPEL Salis., Md. 25M 74 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

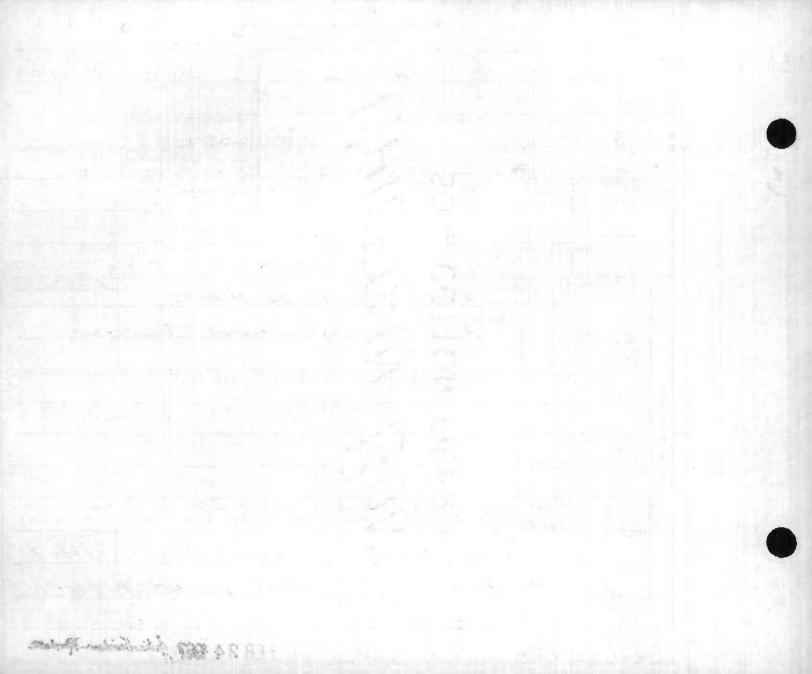
STATE OF MARYLAND

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	1	Item # 1 & 23b, Fi	IIM G 624,	2/26/8/ ra	STAT	E OF MARYLAND			4	
44677	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE REG. NO	0 6	109	
		CEASED NAME FIRST		Jane		rtinan	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	_
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I KED	S	alisbury, Marylan	d U.S	S.A.	WIDOWE	D DIVORCED	Wicomico		M	0.
181 07	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND OF BUSINESS OR	
10 11 OF	-	isbury	Peninsu	ıla Gener	al Hos	spital	Supervision		Social Service	S
AND 212	13a 3			GIVE RESIDENCE BEFORE 13c CITY OR TOW Salisbury	E ADMISSION) 'N Y	13d. INSIDE CITY LIMITS? YES NO 1303		ZIP CODE venue	21801	
1 121	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAA			LAST	Ī
1 88 01/			enry	Smith		Gertrude	Eve			
be exect		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (16 YES, GIN	RMED FORCES? VE WAR OR DATES)	214-36-		Same as #13e	. Gerald LOPR	fartma	n (Husband)	
physics may be ment, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (o)	Metastar	dici.i	Cancer			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
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	z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND)ITION GIVEN	IN PART To	=
1.1115	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS USED	-
18 241 67	Ĭ						YES NO	IN CERTIFYIN	NG CAUSES OF DEATH?	
Cust 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	DF INJURY M. MONTH DA	AY YEAR	216 HOW INJURY OCCURR		,		
State of the state	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OF TOV		COUNTY STATE	-
26 1 1 2 2	2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	ZIMEEL	CITORIO	NN.	COUNTY STATE	
AD A STORY	13	220 I certify that (I) (this hospi	ital) attended th			12 19 84	_, to2/	75 19	8 7 , that (we) las	-
91 534 5		saw the deceased olive on obove, (I) (we) taid (did no	at) view the hady	htter Heath	87, an	d that in (my) (our) opinion d	leoth occurred on the do	te and hour o	nd from the couses stated	
A to Hard P		226. SIGNATURE	1 1	//		DEGREE	···		224. DATE SIGNED	-
A THE STATE OF THE		al Z.	all		n	ATTENDING PHYSICIAN	MEDICAL STAF		2-15-87	
E 2 2 3 5 7		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	//		22e ADDRESS / 45	E. Carroli	1 5+.		_
04 04 44 4		David E.	(DUM/	, mis		Salis	bury, MI) 21	80/	
25 -3 3	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 2/4/1	997 23ch	NAME OF C	emetery or crematory ill Memory Gar			CHINTY	=
BP		ntombment	18	707 3	oringn.		l lebron,	Wicom	ico, Maryland	
DHMH - 16 60M 7/B4	24. Ft	INERAL DIRECTOR Holtoway Funeral	Home.	P.A. ASolis	sbury.	Maryland PED	DEC'D BY DEC ISTRAD	THE REGISTRA	RIS SIGNATURE	
/VPA 15 4\				,	//		0 50/	Property Branch		

LETTERS STEEL CHARLES

		4	1						E OF MARYLAND		4 1	1 0
			1.	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 REG. NO.	6!	1 2
5 1	2 1 - 666	0.07		CEASED NAME	FIRST	,	MIDDLE	. ,	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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	6 83		3 SE	(4 RACE	AND NOT	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST DIRTHDAY)	IF UNDER 1 YEAR	
	action of the control		f	emale		white		June	20 , 1943	43 YR	S. MONTHS DAYS	HOURS MIN.
	4 42	N		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	J. L. Say
	Seort in 72	1		rth Caroli		USA		WIDOWE	D DIVORCED X	Wicomico		MD.
54	The state of	37	12	TY OR TOWN OF DEA	TH	(IF NOT IN SU	HOSPITAL, NUI CHEACILITY, GIVE ST Ula Gen	REET ADDRESS)	spital	17a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN PR- restauran:	GLIFE) INDUSTRY	-
NO 212	24 hotel	#7	13a. S	AL RESIDENCE (IF NURS STATE elaware	186 COUN	ITY	13c CITY OR T George	OWN	13d. INSIDE CITY LIMITS?	R.D.2 BOX 120	DDE 19947	99999
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IIWO	2 6 6	0		no	(1) 123, 014	E WAR OR DATES	242-65	-3575	Norman J. Sl	nort - R.D.2 Box	120, Ge	eorgetown,
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15, 20)	page perple	nry. Oc	z	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS C	ONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	(a
II RECORT	he low red box been t permit. If ene prior t	9	THEATION	190 DATE OF OPERAT	TION	196 COND	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF IN CEI	YES, WERE FINDI RTIFYING CAUSES YES	INGS USED S OF DEATH?
DF VITA	physic refront strong tol Hygi	19	AL CERTIF	OR CONTRIBUTING	AUSE OF DEA	TH HOUR A	M. MONTH		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
20	deng deng	1/	MEDIC	(IF EITHER NOTIFY MEDIC			OF INJURY	19	21f LOCATION			
IVIS	of the state of th	dad	M	HILE NOT WH	nt 🗇	(AT HOME ST	REET FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
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-	E 523	2 2		saw the decease above, (I) (we) (c	lid) (did no			, , , ,		n death occurred on the date and		
	AL OR MAN DIRECTOR	II II has		226 SIGNATURE	les	11.	Teste	M.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	270 DATE	9/87
	Design of the St.	2017		224 PHYSICIAN'S NA	ME (TYPE O	1	5712	/	22e ADDRESS		C	n Mo
	Of Other	3-	22- 1	HILE	nu			NAME OF C	14 MEDICA	CENTEL NOTH,	ALISON	RY MD.
00	16001	7		BURIAL, CREMATION,	KEMOVAL				EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
17	1977	-	24 FI	Burial UNERAL DIRECTOR		1 2/13/		Union C	emetery Iss D	Georgetown	Sussex,	Del
	DHMH - 16 60M	0.700.75	1	Jame J	111		Mil1sb	ss 71	/ 0	ED 24 1007	benden	Marylatte :
	(VRA 15, 4	1	11-	upard !	vals	~	- <u>-</u> -tSb	10 , 10		LD 44 1907		M. M. M. Commission



	1. DE	CEASED NAME	FIRST		MIDDLE	1.14	AST .		20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
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12:80		TY OR TOWN OF DEA		(IF NOT IN SUC	CH FACILITY, GIVE S	URSING HOME OF STREET ADDRESS) Leral Hos		TITUTION	120_ USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE) IND	KIND OF BU USTRY	ISINESS OR
and the state of t	13a S	Maryland	136 COUN	THER INSTITUTION TY	13c. CITY OR Salis	TOWN	134 INSIDE O	NO 🗌	13e STREET ADDRESS / Old Ocean	ZIP CODE City Rd	2180	01
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die de	160 V	VAS DECEASED EVER	N U.S. ARA	NED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORM	ANT Judi	th A. St. ACTO	ir (Nie	ce)	
Pog.		No	(# 165, 0116	TAN ON DATEST	213-4	8-5854	Box	22, Mun	cy Valley, P	a. 1775	8	
		18 CAUSE OF DEATH	1 (Enter onl	y one couse per	line for (o), (b), and ic				8	APPROXIMATE ETWEEN ONSET	INTERVAL T AND DEATH
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er this er the but and Wed or I	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ILE 🖂		OF INJURY REET, FACTORY, OF	FICE FARM, ETC)	21f LOCATA		CITY OR TOV	vn (O	YIML	STATE
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Pirtoll for u of His		sow the decease above, (1) (we) (d	d glive on	FE View the hody	Sh- 1	19 87 on	d that in my	(our) opinion	death accurred on the do	te and hour and fr	om the cous	es stoted
hos hed hed ept.		226 SIGNATURE	iayiaia noi	view the body	Offer death		DEGREE			22	. DATE SIGN	NED
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14 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Salisbury, Maryland

043582 FEB

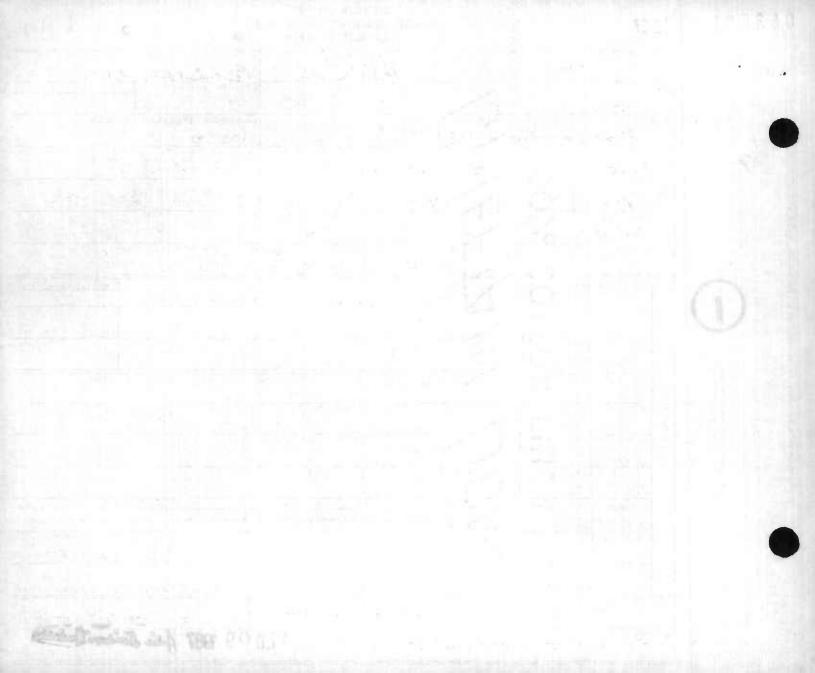
DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, **CERTIFICATE OF DEATH**

REG. NO.



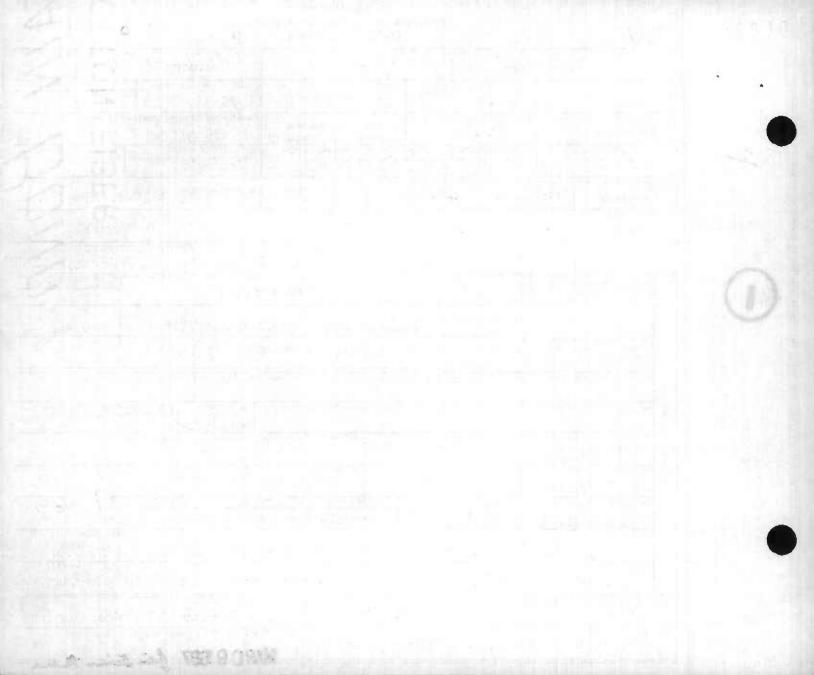
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be oge 3		CEASED NAME FIRST HOWAN	d WARRINGTOI	VHOR	nAN	FEBRUA	MONTH DAY YEAR 16, 1587	26 HOUR 0533M
ge 4 mo ector. po	3. SE	MALE	white	S. DATE OF E	6 1894	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
67	7a BI	W, J,	76 CITIZEN OF WHAT COUNTRY?	WIDOWED [and the same of th	BALTIMORE CITY O		MD,
W 80	Sa	lisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Ger	neral	other institution Hospital	120 USUAL OCCUPATION	TY ORKING (HE) 176. KIND O	Ltry
AND 212		ALRESIDENCE IF NURSING HOME OR.	OTHER INSTITUTION GIVE RESIDENCE BEFORE	50 Ny 13	NSIDE CITY LIMITS?	13. STREET ADDRESS	JESTOER+ H	502180
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be execution and co		VAS DECEASED EVER IN U.S. AR/ (ES, HIG OR UNKNOWN) (IF YES, GIVE	wed forces? 166. Social Secu E WAR OR DATES) 147-61-		STO Kes HOM	MAN SAL	156UN, M	0.2180/
Trificate physicis physicis phopper emoval.		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), one DBY: E CAUSE (a)		FAILUNG		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratending physician and completely filled to as the buriol-transit permit. Then pieces remove carbon papers. Pages 1 drady should thin and Mental Hygiene prior to buriol, contraction or removal. Only the North Mental By shows any injury, as when the requirements.)	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	inson	N M			
RDS, 201 equires 18 n signed Then pies to buring	N N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART 118	0
TAL RECOI	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION \	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
SICIAN: T g physician phys		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART 1 OR PART 2)	
OIVISION Offer this offer the bust the	MEDICAL	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		II LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TTENDIII Dirol or TOR: A for use of Health		224 I certify that (1) (this hospit sow the deceosed alive on ahove, (1) (we) (did) (did not	ol) attended the deceased from		that in (my) (our) apinion	, to death accurred on the do	ote and hour and from the	
by the hosp by the hosp FERAL DIREC State Dept.		27 SIGNATURE CONCELL	A on seul) /		MEDICAL STAF	FF 27c. DATE	SIGNED 7
TO HOSPITA etoined by TO FUNER should be d with the Sto		RONALD H	John		PRINCES A	and mo	21857	in
BP		Burnation REMOVAL	236 DATE 236	LAME OF CEM	NA GEMATORY	23d LOCATION CITY OR 10 WHY	Sussex	Del.
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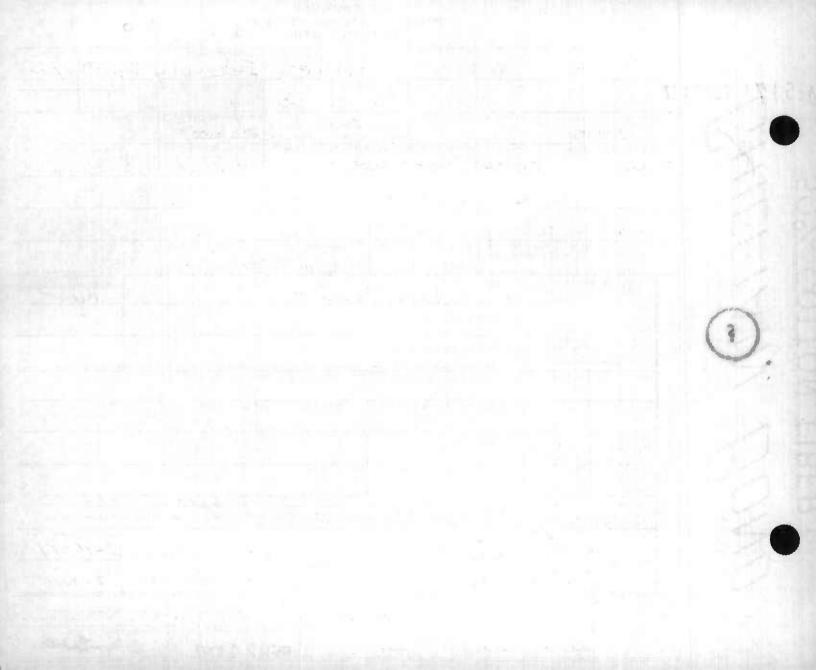


	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAI EALTH AND M ICATE OF DI	ENTAL HYGI	ENE 8 / REG. N	0	6 !	1 5
		CEASED NAME OR PRINT)	IDA		GINIA	l	Huch	es	Februa	ry	10,1987	1955 _M
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2	1	THER'S NAME GEORGE	LEM	UEL	HASTIN		S	ARAH	LOU			NDSOR
1		AS DECEASED E ES, NO OR UNKNOWN NO	VER IN U.S. ARM	ED FORCES? VAR OR DATES)	215-20-		17 INFORMAN VERNON		RT. PPR HES VIENNA		21869	
	NOI	Conditions, if gove rise to couse (o), s underlying c	immediate tating the ouse last.	DUE TO, OF	R AS A CONSEO	UENCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIV	ly	IMATE INTERVAL ONSET AND DEATH
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	MEDICAL CER	TEITHER, NOTIFY 21d INJURY OCC WHILE NO AT WORK NO Sow the decobove 17 (w) 22b. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER) CURRED DT WHILE T WORK It (1) (this hospito ceosed plive on tel (did park)	P.J. PLACE (AT HOME, STR.) ottended the view the body	M. MONTH M. OF INJURY SEET, FACTORY, OFFICE e deceosed from	E FARM, ETC.)	211 LOCATIO STREET	n, 19 3/ bur) opinion d	CITY OR TO OTHER NATURE OF INIX. CITY OR TO OTHER NATURE OF INIX. CITY OR TO APPLICAL OTRECTOR PHYSIC	own ote and hou	19 P/, our and from the 22c. DATE 2 - C	SIGNED O-P
		URIAL, CREMATI	ON, REMOVAL	23b. DATE 2-13-8			MARKET		EAST NEW	MARKE	T, DÖRCH	IESTER MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

ZELLER FUNERAL HOME, EAST NEW MARKET, MD

EAST NEW MARKET, DÖRCHESTER, MD EAST NEW MARKET CEM. REGISTRAR 256 REGISTRAR'S SIGNATURE



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MARYL ed within	101	14 FA	THER'S NAME FIRST John	C. "	Jester	LAST		15. MOTHER'S	S MAIDEN NAM	a Birch ^{DLE}		LAST	
DRE,	1		VAS DECEASED EVER	N U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORMA	ANT a	ADDRE	55	Vicaini	
IlMC	10	//	0	(# 163; ONE	WAN ON DAILS	213-24	-0999	ylady	is jeste	n Chincote	ague,	*Ligut	u
BALT one one	8		18 CAUSE OF DEATH PART I. DEATH W.	I (Enter only	one couse per	line for (a), (b	, and (c).)				10-15	APPROXIMA BETWEEN ONS	TE INTERVAL
The state of the s	H I			AS CAUSED IMMEDIATE		Respir	atory F	gilore		NOTE:			
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deot deot	tion		Canditions, if any,		(b)_(Conges	4 1 3	ert Fa	ilure				
the the	er fr		gave rise to imm cause (a), stating		DUE TO, OI	R AS A CONSE	EQUENCE OF						
W I hot	ol, cr	-	underlying cause	last.	(c)_	Renal	failur	e					
ires	7,0		PART 2 OTHER SIGN	IFIC ANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COND	ITION GIVE	V IN PART Tra	
RDS	0 5	CERTIFICATION	Perip	heral	Vascu	· lar Oc	clusive	Disca.	se				
ECO ow ow s bee	or y	S	196 DATE OF OPERAT	ЮИ	196 COND		HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES,	WERE FINDINGS	S USED
ALR The lon.	ie ne	TE	2/5/8	/	dsc	hemic	toot	- 37.00	The state of	YES NO NO	YES		NO 🗌
VII NN Nysic	Hyg Sh		OR CONTRIBUTING C	Land .	216 TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	II OR PART 2)	id to be
OF DE P	tem tem	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	1550	W 2	7 18	7					
DIVISION O NG PHYSICI offer this cert	و کو کو	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	FICE FARM ETC)	211 LOCATIO	NC	CITY OR TOV	VN	COUNTY	STATE
N S F F F F F F F F F F F F F F F F F F	hon	2	AT WORK NOT WHE	LE D	-100					. 1.			
	deoli mo		22s. I certify that (1)		I) attended th	e deceased fro	om 2/4	18.7	. 19	10_ 2/7/87	, 16	9, tha	it (I) (we) last
ATTEND Spiral o	2 4		saw the decease abave, (1) (we) jet	d alive on_	view the bady	after death.	0	id that in (my)	(aur) apinian d	eath accurred on the da	te and have	and from the car	uses stated
o ho o ho	Hen		224 SIGNATURE	12	1 No.	1	0 11	DEGREE	***********	LIEDIGII CTIE		22c. DATE SIC	SNED
Y the	ote C		Melle	111	104h	m MI	www)			MEDICAL STAF		2/7/	87
SSPII Solution	RTAP		THE PHYSICIAN'S NA	ME THE ON	2			22e ADDRES		1/5. (1.1	4.4.77	
O HO stoine	With the Ste		William	H	Drov					roll St S	alishu	My MU	21801
0-00	3 ≥ [23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	0-	23L NAME OF	EMETERY OR	CREMATORY	234_LOCATION			inim
49 BP 4	4		Burial		2-11-	5/	John 10	year C	emetery		Leville	5 VEIG	Little,
DHMH - 16	60M 7/84	24 FI	JNERAL DIRECTOR	0	2	- ADDRI	ESS.		25a. DA	TO BY REGISTRAD	Sb. RE IS IS OR	ARTHUNATUR	Produce
(VRA 1		6	notoures	dat	yen 5	onder	Chinco	tenque.	Va.	CO 1 0 100	0		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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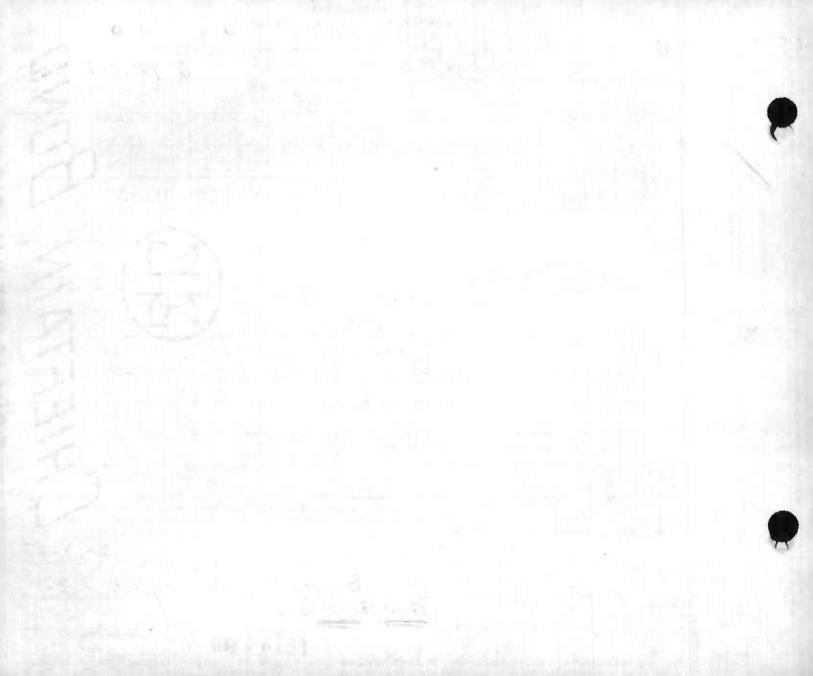
R 2	FOR STATE REGISTRAR				CERTII	HEALTH AND MENTAL HYC FICATE OF DEATH	REG. N	10.	6 1	1 8		
06	TYPE OR PRINT)	enry	Fran	klin	Jon	es	20 DATE OF DEATH MONTH DAY YEAR 25 HOUR 9:00					
	3 SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 H		
	Male		White		MONI 2	25 1911	75	YRS	ONTHS DAYS	HOURS M		
1	TO BIRTHPLACE ISTAT	E OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	2 8.		9 BALTIMORE CITY		OF DEATH			
5	Maryland		U.S.	Α.	WIDOW	ED NEVER MARRIED DIVORCED TO	Wicomic	0				
×	10 CITY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	170 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS		
0	Fruitl	and		FACILITY, GIVE STREET Lukes R			Retired	DE WORKING LIFE)	Seafc	od		
1	DSUAL RESIDENCE (IF 130 STATE Maryland	NURSING HOME OR 136 COUN WICOI	TY	Fruitla	VN.	13d INSIDE CITY LIMITS?	407 SE ADDRESS	úkes k	1., 2	21826		
300	14 FATHER'S NAME	1000				15 MOTHER'S MAIDEN NA						
20	Charles	1	WIDDLE	Jones		Anna	Belle		Layfie	eld		
	160 WAS DECEASED E			66 SOCIAL SEC	URITY NO	17 INFORMANT		x 476				
/	IVES, NO OR UNKNOWN	(IF YES GIVE	E WAR OR DATES)	220-01-8	3607	Earl Jones		1. 1994	40			
	THE CAUSE OF D	EATH (Enter pol	ly one couse per li	no for to the			O			MATE INTERVA		
in low	PART 2 OTHER 19a DATE OF OP 21a. ACCIDENT WA					NOT RELATED TO THE TERM	NINAL DISEASE OR COM	20b. IF YES,	WERE FINDIN	NGS USED		
/	E						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH		
9	00.00	CAUSE OF DEA	TH HOUR A.M	. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	t-mar					
	THE EITHER NOTIFY	URRED	71e PLACE O	FINJURY		21f LOCATION						
D D	WHILE NO	T WHILE	(AT HOME STREE	ET FACTORY OFFICE.	FARM ETC)	STREET	CITY OR I	OWN	COUNTY	STATI		
É			ol) oftended the	deceased from_		. 19	, to		9	that (I) (we)		
2 12	sow the dec	eosed olive on		19_	, o	nd that in (my) (our) opinion	death occurred on the c	date and hour				
H H H	77b. SIGN		14	18	W	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	VEE CIAN [270 DATE 2 -	19-8		
	27d PHYSICIAN	NAME LIVE OF	AFR	2777			T. SALISO	Un-4,1	nd =	2180		
	23a BURIAL, CREMATI	ON, REMOVAL	23b. DATE	135	NAME OF C	EMETERY OF CREMATORY	23d LOCATION	1	COUNTY	STAT		
-	Buria		2-23-1	987 <u>B</u>		Comment Ey	Salisbur	y Wic	omico	Maryl		
7B4	24 FUNERAL DIRECTO	R		ADDRESS		ZSo DAT	E REC'D. BY REGISTRAL	258 RECESTA	48 WEIGHA	OKERES		
	Baker and	Bounds	Sal·i	shurw N	V	ALC:	AL AL IOIGI OF	100				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Baker and Bounds

Sal; isbury, Maryland



DHMH - 16 60M 7/84

(VRA 15, 4)

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DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIE

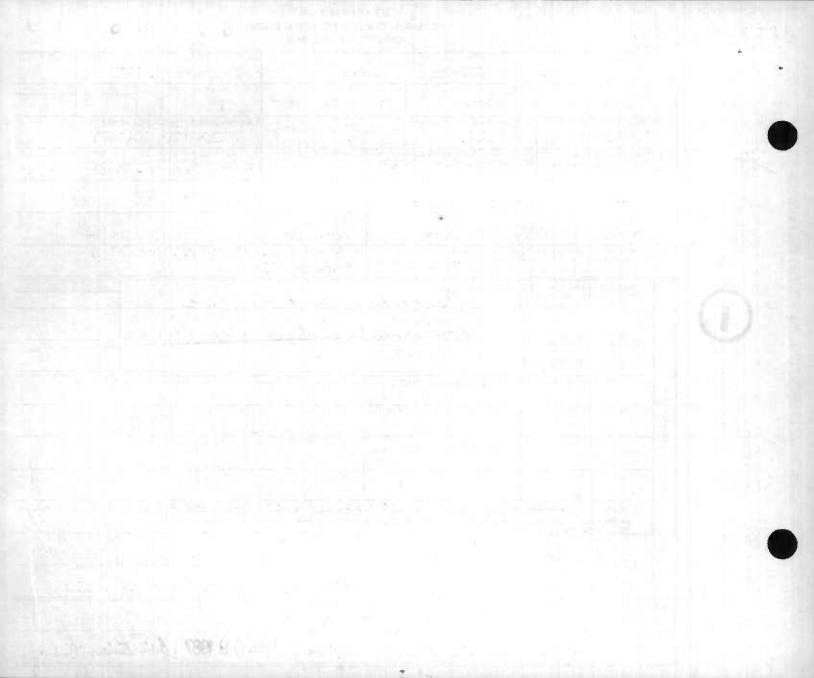
DEPARTMENT OF HEALTH AND A	MENTAL HYGIENE
CERTIFICATE OF D	EATH

7	0	6	1	
REG. NO.				

-	12	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	EALTH AND A		ENE 8 /	NO.	6 !		7	
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONIH D	AY YEAR	26 HOUR	2	
	1	Th	omas		Charles	Jo	nes		Februar	y 26, 19	87		М	
	3 SEX			4 RACE		S. DATE C			6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 2	24 HRS	
		Male		Whi	te	MONTH	3^6	1907	79	YRS	DATS	, nooks	MIN.	
		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF		RY? 8	NEVER A	ARRIED -	9 BALTIMORE CITY					
		Maryland		U.S.		WIDOWE	D DN	ORCED [ICO COI	UNTY		MD.	
		ARSONSBU		ROUT	HOSPITAL, NUR HEACHTY GIVEST E #2 BC		R OTHER INST	NOITUTI	HYPE OF WORK FOR MOS Retired Fo	ATION STOF WORKING LIFE Drmer -	12b. KIND O INDUSTRY Poultry			
200	13a. S	Maryland	136 COUN		13c CITY OR T		13d. INSIDE CI		136 STREET APORES	S / ZIP CODE	2184	9		
		THER'S NAME		MIDDLE	. EAST	157.8		MAIDEN NAM	NE MIDDLE		a. LAS			
2		Charles		dward	Jones		Anna				_ayfield			
		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b. SOCIAL SI		17 INFORMANT Mrs. Mildred Agregones (Wife)							
		No			214-3	2-7349	Same as #13e							
	-, [18 CAUSE OF DEAT PART I. DEATH W			line for 191, (b)		_ ,		BETWEEN	MATE INTERV ONSET AND D	DEATH			
			IMMEDIAT	E CAUSE (o)	Con	gestro	e H	214 1-	ailure					
Conditions, if ony, which (16) Athero Sclerote Card, wascular Disease														
04		Conditions, if ony, gove rise to imm	mediate	(b)			TIE (ar	diovas	00(00	iscase				
		couse (a), statir underlying couse		DUE TO, O	R AS A CONSE	OUENCE OF								
		PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	ONDITION GIVE	N IN PART 116	2.		
	NO O													
Σ	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERFO	RMED	200 AUTOPSY?		WERE FINDIN			
	TIE								YES NO YES NO NO					
		210 ACCIDENT WAS UNI		1100110 1	F INJURY	DAY YEAR	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF	NJURY IN ITEM TB PA	ART 1 OR PART 2)			
,	MEDICAL	(IF EITHER NOTIFY MEDI		iiii		19								
	AED!	21d INJURY OCCUR		21e PLACE	OF INJURY	ICE FARM, ETC }	21f LOCATIO	N	CITY OF	RTOWN	COUNTY	51	ATE	
		AT WORK AT WO	RK RK											
		22a I certify that (I)		7/-	games of the same	5 -7	22	. 19		27 1		that (w		
		saw the decease above, (1) (we) (1 22b. SIGNAFURE	hd) (did no	t) view the body				opinion a	eoth occurred on the	dote and hour			red	
	191	226. SIGNATORE	A	7-1	1	m &	DEGREE A	TTENDING .	MEDICAL S	TAFF _	22c. DATE	/1987	7	
7		22d. PHYSICIAN'S N	AME (TYPE O	MUSIC	10/ /1	N.	77e ADDRES		DIRECTOR _ PHY	SICIAN .	2/2/	/170/		
1		Allen W.							Center, Se	alisbury	Md. 21	801		
	23a B	URIAL, CREMATION.			12	3c. NAME OF C			1234 LOCATION	41.350197	Z1	-	-	
		SPE Burial	- Track	3/1/			ım Cem			burg. W	icomico	Mar	vlana	

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

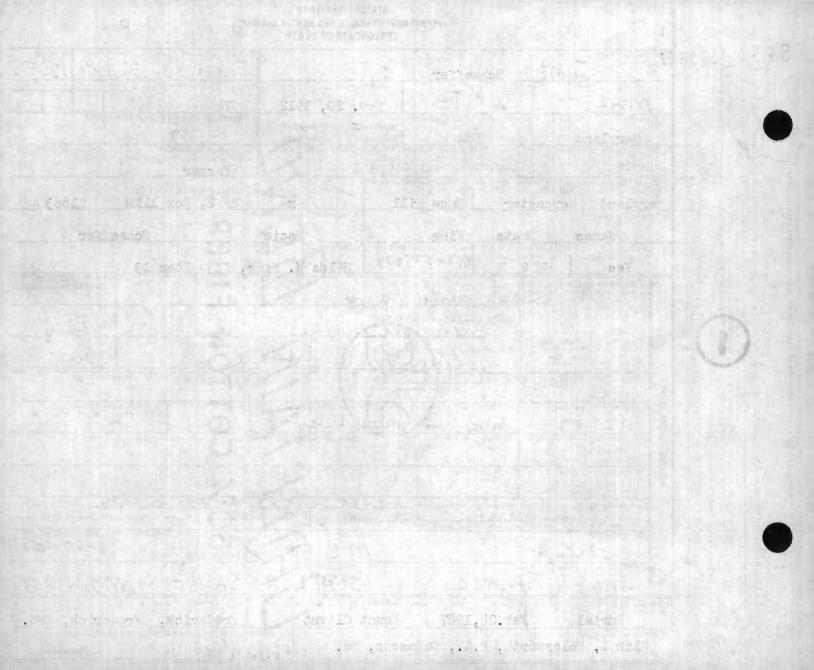
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			REGISTRAR			CERTIFI	CATE OF DEAT	Н	REG. NO	. 4		1 × 1	
			CEASED NAME FIRST	nna \ MIDI	Doris	L/	Joyner Joyner	20	DATE OF DEATH	AONTH DA	Y YEAR	26 HOUR 30	
116	1 8 FER	1 -	or Anna.	D.	Jac	inc	1)	4	ebruary	9,	1987	5A M	
	0 0	3. 58	(0)	4 RACE		5. DATE O			AGE (IN YEARS LAS BIRTH		O TOTAL	IF UNDER 24 HRS	
	tor,	35	Downlo	I.Thai the		MONIH	- 7- 10	2/4	70		INIHS DAYS	HOURS MIN.	
	Pogre	7n BI	Female RTHPLACE STATE OR FOREIGN	White		18.		9 1	BALTIMORE CITY OF	YRS COUNTY C	F DEATH		
	T 30 20		OUNTRY)	1			NEVER MARRI	ED 🖳	11 "				
	8, 5, 5	10 C	Maryland TY OR TOWN OF DEATH	M1. NAME OPHO	SDITAL NI IDSIA	WIDOWE	DIVORCE ROTHER INSTITUTE		USUAL OCCUPATION		125 KIND OF	BUSINESS OR	
	المعاقبة المعاقبة	10 0	S 1		ACILITY, GIVE STREET		A -		YPE OF WORK FOR MOST OF			BOSINESSOR	
201	E PE		Ja115bury	De	10/4	ead	Carle	U	Factory wo	orker			
BALTIMORE, MARYLAND 2120	Poor Poor	13a S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIA	MITS? 13e	STREET ADDRESS /	ZIP CODE			
2	filled filled	100		ent	Rock Ha		YES NO		Green Lane	9	21661		
<u> </u>	this 25 to 1/		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST		
× ×	be of the box	1	Unknown	WIDDE	Lesner		Unkn	own	WIDDLE		[ASI		
m,	S S S	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECU		17 INFORMANT	O 44.12	ADDRES	SS .	MD 216	561	
Q V	exe ond	1		IVE WAR OR DATES)	13-10-7	7003	George D	Town	er, Rt. 2				
	be de la be	-	No				George D	· JOYI	ier, no. 2	DUA 1		ATE INTERVAL	
X	physic onpape emoval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per lin	1 1	dicin	- nela	1., 1	for a la	1		SET AND DEATH	
SI.	e e e		IMMEDIA	ATE CAUSE (0)	non co	man	C EXTEN	SIVE	merasira	COM	NOV.	1780	
Z O	th ce			DUE TO, OR A	S A CONSEOU	ENCE OF	to live	1 had	Hopento	new			
EST	le parendi move cor motion, or recumoti		Conditions, if ony, which	(lb)		1 m	b noc	le-					
<u>c</u>	the the		gave rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEOU	ENCE OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	d by eose ol, cr		underlying cause last.	((c)									
20	gned on ple buric ny, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CONE	ITION GIVE	N IN PART 110		
RDS	to to nju	CERTIFICATION											
0	beer mit.	1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED						20a AUTOPSY? 20b. IF YES, V			WERE FINDINGS USED 'ING CAUSES OF DEATH?	
×	hos hos	Ĕ							YES T NOT	YES		NO T	
<u> </u>	uG PHYSICIAN, The ottending physicio ter this certificate his the buriol-transit, and Mental Hygie riked or tem 18 sho	E .	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF I	NJURY		21c. HOW INJURY		(ENTER NATURE OF INJUR				
ک >	phys phys phys phys phys phys phys phys		OR CONTRIBUTING CAUSE OF D	CAIN	MONTH D								
z	PHYSICIA this certif he buriol-t nd Mentol	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PR	P.M. 21e PLACE OF	INITIDY	19	211 LOCATION						
Sign	this the bund will be bund willight. Will be bund will be bund will be bund will be bund will be	ME	WHILE NOT WHILE		FACTORY, OFFICE, F	FARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE	
2	ING r off os ti th o		AT WORK AT WORK			- 11	2.4	0/	010		00		
	No lo o l		220.1 certify that (1) (this last			11	19.	-	, to	19		not (Owe) lost	
	Spite CTC of l		saw the deceased alive o above, (1) (we) (ad) (did n	not) view the body at	19 0 ter death.			apinian dea	th accurred on the da	te and haur o	-	-	
	OR O		226. SIGNATURE	0 /	1	(DEGREE		.EDIC.I.		27r DATES	IGNED.	
	75 750		1/25	a. df	WK/		ATTEN		MEDICAL STAF		491	37	
	- D W 41 (D -		224 PHYSICIAN'S NAME ITTE	of refer	1		22# ADDRESS	11	1		1	2/801	
			In Ja. V.	Hulas	20		aus	Henry	Contin	Jal.	sheni	md	
	Short Short	23a. I	BURIAL CREMATION, REMOVA	23b. DATE	1 236	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION	July	1		
	BP		(SPECIFY)	02-11-8					CITY OR TOWN	911	Kon+	STATE	
	Dr	24 F	Burial UNERAL DIRECTOR	102-11-0	I WE	stey	Chapel Ce		Rock H		Kent AR'S SIGNATU	MD	
	DHMH - 16 60M 7/84		NAME		ADDRESS		21001	FFR	4 17 4000	A .			
	(VRA 15, 4)	To	m Helfenbein Fr	meral Hou	e. Rock	Hall	MD	FFR	1 7 1987	A.s.	M	Peles	
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				STATE	OF MARYLAND			1
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		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
4 FEB 26		CEASED NAME FIRST	MIOOLE	1/1	SI	20. DATE OF DEATH MON		HOUR
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ter p	3 SE	X	1 RACE	5 DATE O	F BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR	HOURS MIN
rs of	1	MALC	MULLE		. 20, 1912	74	YRS.	
Po de		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? & MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
たっちり		Maryland	USA	WIDOWE	DIVORCED	Wicomico		м
3		TY OR TOWN OF DEATH	II NAME OF HOSPITAL, I			12a USUAL OCCUPATION	RKING LIFE) INDUSTRY	BUSINESSO
Se C		lisbury	Peninsula G		spital	Farmer		
Pe a	13a.	AL RESIDENCE IF NURSING HOME CONTACT	OR OTHER INSTITUTION GIVE RESIDENCE INTY	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE	
The second	Ma			Hill	YES NON	R# 2, Box :		863
2	14 F	ATHER'S NAME	MIDOLE LA	151	15 MOTHER'S MAIDEN NAM	AE MIDDLE	LAST	1534231
		James	Deets King		Macie	Ansotz .	Schaeffer	0.000
\$ 100 A				L SECURITY NO.	17. INFORMANT	ADDRESS		
Pog Pog	1		12 212-1	4-5079	Hilda W. Kir	g. Item		
- (#		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line loi tot,	(b), and ic)			APPROXIMA BETWEEN ON	ATE INTERVAL
emay event			ATE CAUSE (0)	diff aur	et			
F + #			DUE TO, OR AS A CON	ISEQUENCE OF				
4 1		Canditions, if any, which	(1b) <u>(e)</u>	.0 . 1	work		70	cy
111		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF	911			
0 5		underlying couse lost	(6) 90	co Slasta	was with	ul.	M	77
born blury.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110	
or to	ē	wor					15 VEC 14 (505 6 11 10 11 11 11 11 11 11 11 11 11 11 11	7.55
s on	25	190 DATE OF OPERATION	196 CONDITION FOR	1 1 -	N WAS PERFORMED		LE FYES, WERE FINDING CERTIFYING CAUSES O	F DEATH?
Sit p	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	1 216 TIME OF NURY	* Wruce	TO HOW IN HIP OCCUPA	YES NO PROPERTY IN I		NO 🗆
Day H		OR CONTRIBUTING CAUSE OF D		TH DAY YEAR	THE HOW INJURY OCCURR	ED TENIER NATURE OF INJURY IN I	IEM IS PART I OR PART 2)	
Aent Hen	MEDICAL	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION	The same of the sa		
ad o do	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
olth o				from 1 -	27 10 87	10 2- 20	10 (2)	
T is a		(1) (this has	pital) attended the deceased		d that in (my) Dour) opinion of	, 10		ot (1) (we) la
ed for		above (1) (we) joid) joid i	not) view the body olter death		DEGREE		22c. DATE SI	To borner
# # De T		300		/	ATTENDING	MEDICAL STAFF	11-20	0-87
FUNERAL old be det the State	-	THE PHYSICIAN'S NAME SOM	Anna		220 ADDRESS	PORECTOR PHYSICIAN		
shauld be with the Sta	36	I AMPS	Spence		307 KAZA1	1 SALISBUI	14, md 2	1801
shaul with MPO	73p	BURIAL, CREMATION, REMOVA		123c NAME OF C	METERY OR CREMATORY	123d LOCATION	11000	10-1
		Ispecify Burial	reb.24,1987		Olivet	Frederick.	Frederick	. Md .
	24 F	UNERAL DIRECTOR	+000-2492701	Houn		E REC'D. BY REGISTRAR 256		
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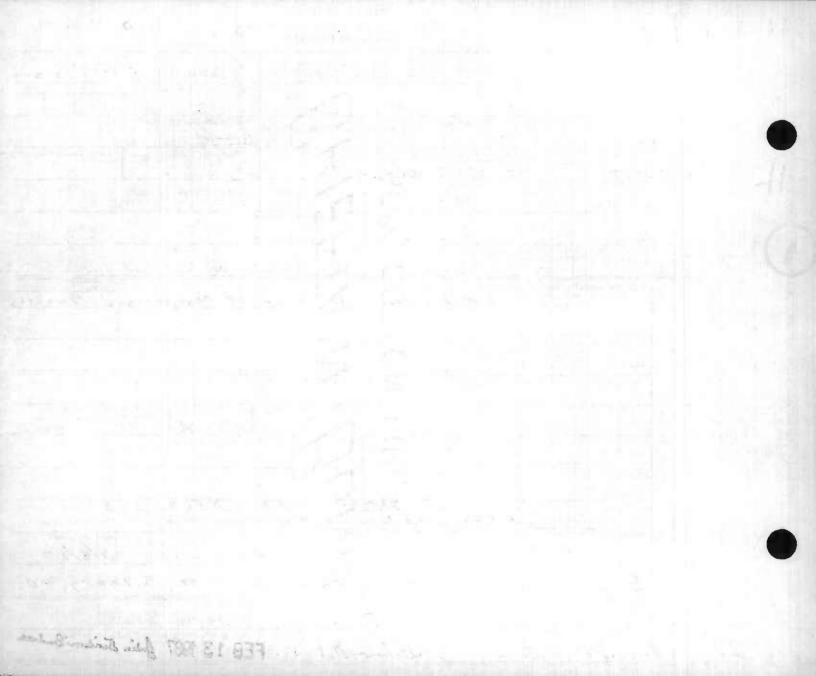
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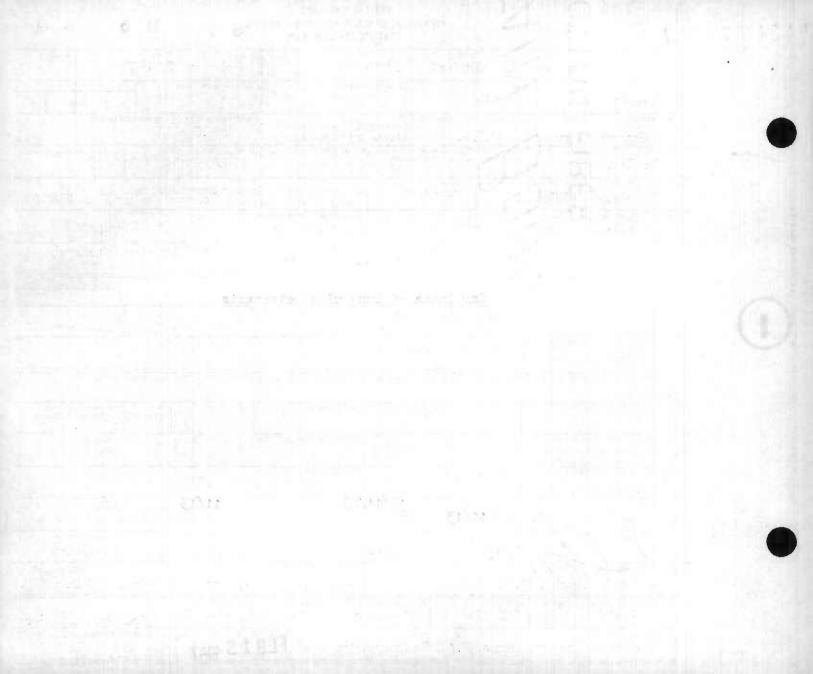
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STATE OF MARYLAND 04449 FEB DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I DECEASED NAME 26 HOUR [TYPE OR PRINT] epruaru Anthony 5:50M IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH YEAR male white 1926 Aug. 60 TO BIRTHPLACE ISTATE OF FOREIGN 16. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY New Jersev USA WIDOWED DIVORCED | Wicomico IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital reterinarian USUAL RESIDENCE LIF NUMBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI LAND 21 130 STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Delaware Sussex Millsboro 360 Main St., 19966 YES K FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Jacob Lisehora Anastasia Korxychuk ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Marion Lisehora, 360 Main st., Millsboro, Del 565-36-5019 ww2 ves 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101.1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Metas tatic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. O CERTIFICAT 198 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? e d NO I 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol ICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 MEDI 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from_ 8 Feb sow the deceased alive on____ and that in (my) (corr) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d BHYSICIAN'S NAME ITYPE OR 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Millsboro, Delaware Buria₁ Millsboro Cemetery 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE JHMH - /16 60M 7/84 (VRA 15, 4)



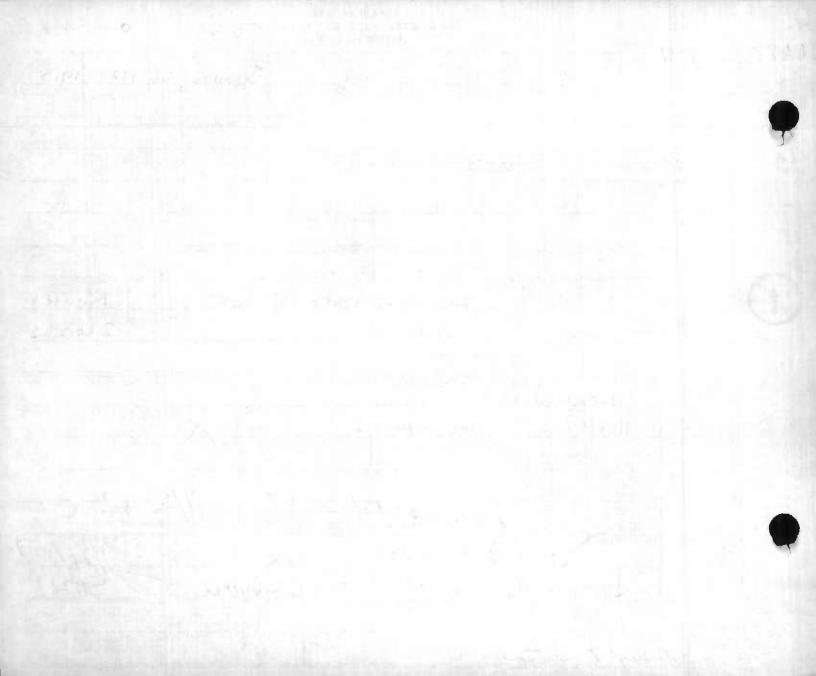
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N OF VIT	PHYSICIAN: T ending physici this certificate	ental Hygi		210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	Ρ.	M. MONTH	DAY YEAR			RED (ENTER NATURE OF INJ	URY IN ITEM IB PAI	RT I OR PART 2)	
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	Spitol or CTOR A	n 21 is m		220-1 certify that (1) saw the decease above_(1)_(we)_(d				86		my) (aur) apinion	, ta11/13 death occurred on the o	date and haur		
	TAL OR by the horal RAL DIRE	NT: If Her		226. SIGNATURE	14	1/16		pri	DEGREE		MEDICAL ST.	AFF CIAN []	2/5/	1987
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	BP		(URIAL, CREMATION, I SPECI BURIAL	REMOVAL	236. DATE 2/5/19				emorial Pl	Julianoi	y, Wice	omico,	Maryland
C	OHMH - 16 (VRA 1		24 FL	Hotloway F	uneral	l Home,	P.A.,	alisbury	,Mary	land FE	B 1 3 1987	REGISTR	AR'S SIGNAT	TURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO PECEASED NAME a DATE KNOWN X TYPE OR PRINTE OF ESTI-O'Neal 2 DEATH MATED Elnord 900 Llovd 4 RACE 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE RONOUNCED 11 1900 Female Black 75 DEAD 76. CITIZEN OF WHAT COUNTRY? TO RIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N. Carolina U.S.A. Wicomico D CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS retired-laborer Salisbury Peninsula General Hospital Poultry Plant 113e STREET ADDRESS 13d INSIDE CITY LIMITS? 302 Flower St./ 21811 Maryland Berlin Worcester 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Yarrell Richard Brown, SR. Lizzie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 237-36-6446 Gene O'Neal/ P. O. Box 324, Berlin, Md. 21811 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXEC EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". AAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND AATER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX 216 EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident Suicide L Hamicide Undetermined manner TITLE (SPECIFY) 2-2-87 Deputy John T. Bulkeley, M.D. ADDRESS Salisbury, Maryland 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 2/07/87 Maryland Burial Evergreen Cemetery Berlin Worcester 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS Rt.#2, Jersey Rd. in a winter and all **DHMH - 17** Salis., Md. 21801 Jolley Memorial Chapel (VR A15 ME (5))

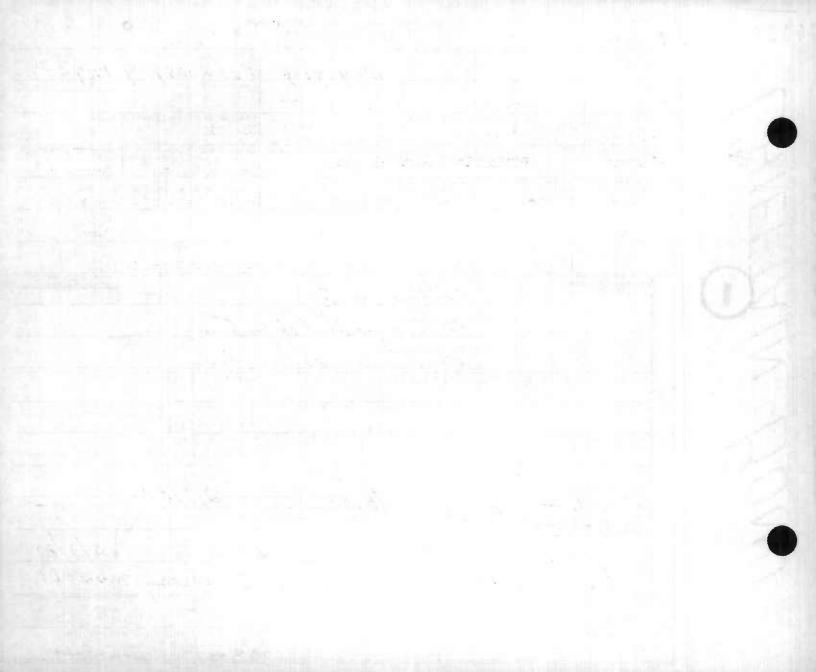
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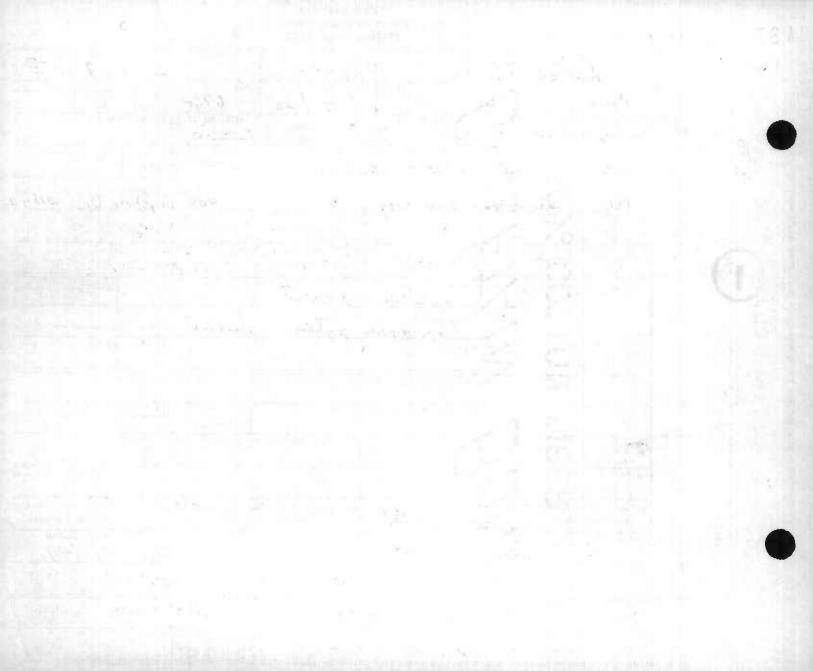


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7 2 3 3 5 E W	10	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 7)	
O DO TO	14	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
DIVISION OF VIII STREAM OF PHYSICIANS STREAM OF THE STRE	000	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFIC	211. LOCATION	CITY OR TOWN COUNTY	STATE
IVIS A TANK	12	MHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFIC	E. PARM EIC)		3.416
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		220.1 certify that () (this hospit	(a) ottended the deceased from	n FEB. 10 19 87	10 FEB, 12 1987	that (1) (we) lost
T A T A T A T A T A T A T A T A T A T A		sow the deceased alive on above, (1) (we) (did no	FEB. 12 19	87, and that in (my) (our) opinio	n death occurred on the date and hour and from the	
4 5 5 5 5 5		22b. SIGNATURE	t) view the body offer deoth.	DEGREE	274 DAT	ESIGNED
0 4 0 4 0 =		Darl	tale	D ATTENDING	MEDICAL STAFF	1,2/82
25 8 1 8 T	+	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	220 ADDRESS	DIRECTOR PHYSICIAN A	1218
HOSPR FUNE) widther to the St				T 4		
o HOS etsined to Fuk Manufat	-	FOBERT	ALLEN	305 10 -	ST. POLONORE NO	1. 21851
	230	BURIAL, CREMATION, REMOVAL	23h DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY	STATE 4
BP		Bierial	2-20-87	JAMES GUARTER	DAMES QUARTER WOCK	2 Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	_1 Anness		TE REC'D. BY REGISTRAR S BEGISTRAR'S SIGNA	TURE
(VRA 15, 4)	6	Pladus Steva	et west Rd	SAIS. Ma FI	B 24 1987, Julia Davidson-1	- Indian

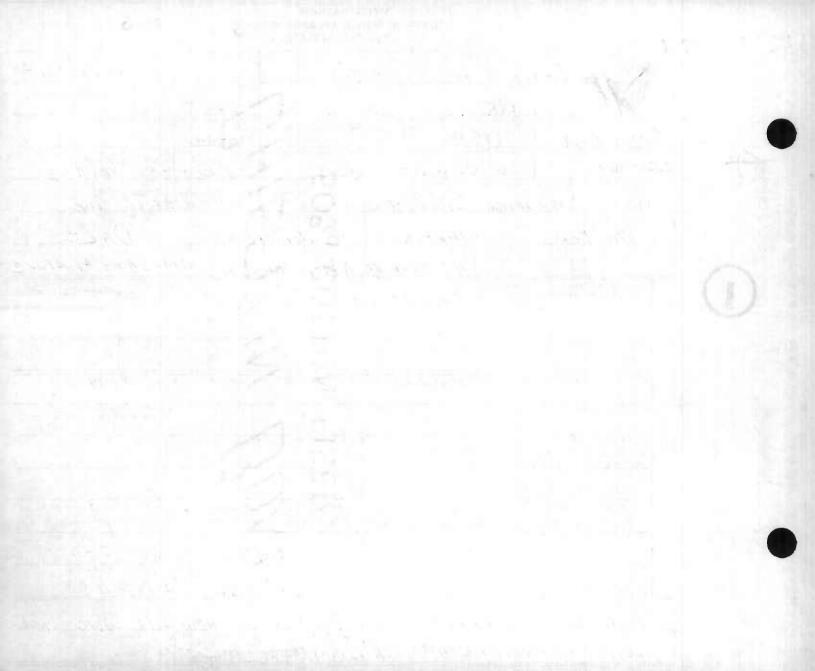
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	STATE OF MARYLAND	
3587 FEB 1	187 REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	0 6 1 3 U
1 m =	1. DECEASED NAME HUNTER Reese LAST LAST LAST JC. DATE OF E	DEATH MONTH DAY YEAR 15 HOURS
ge 4 may be ectar, page rs after deat	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LINYEA	ARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
herol dir	70. BIRTHPLACE (STATE ORFOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WICOMIC WICOMIC WICOMIC	E CITY OR COUNTY OF DEATH CO ME
왕 왕 열/	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 USUAL OF SALISBURY Peninsula General Hospital Medic	CCUPATION FOR MOST OF WORKING LIFE) INDUSTRY al Doctor
filled in	Md Wreester Ocean City YES NO IN 4	DDRESS / ZIP CODE 05 Bayshore Dr. 2184.
Property of the state of within	Hunter R. Mann 15. MOTHER'S MAIDEN NAME Constance	MIDDLE Vandegrift LAST
Duedicol Control	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Hannah (YES, NO. 98 UNKNOWN) WW IT E WAR OR DATES) 215-16-3420 405 Bayshore Drive	G ^{oo} Mann (Wife) , Ocean City,Md. 21842
g record the	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WY CAUSE WAS CAUSED TO THE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
es that the death c ned by the attendir please remove cart please remove cart y, or other traumativ	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF C(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	
NG PHYSICIAN: The law require of the control of the control of the buriel-transit permit. Then hand Mental Hygiene prior to borked at them 18 shows any injurier	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOF YES 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATIONAL PROPERTY OF TIME OF INJURY)	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN: The grant physicion of transit continuer of transit control hygies from 18 should be sho	OR CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR	
offending fer this is the bund Mond Med ax	THE EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) AT WORK AT W	CITY OR TOWN COUNTY STATE
pritol or TTENDIN TTOR Af for use a of Health	27a certify that (I) (thus hospital) attended the deceased from	on the date and hour and from the causes stated
IAL OR A Y the hos Ral DREC detoched out Dept.	276. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN 2/1/87
O HOSPITAL TO FUNERAL should be det with the State	W. B. Horner, M.D. 226 ADDRESS 100 Power Street, Sc	alisbury, Maryland 21801
BP		bury, Wicomico, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Holloway Funeral Home, P.A., Salisbury, Maryland FFR 9	GISTRAR 256 REGISTRAR'S SIGNATURE

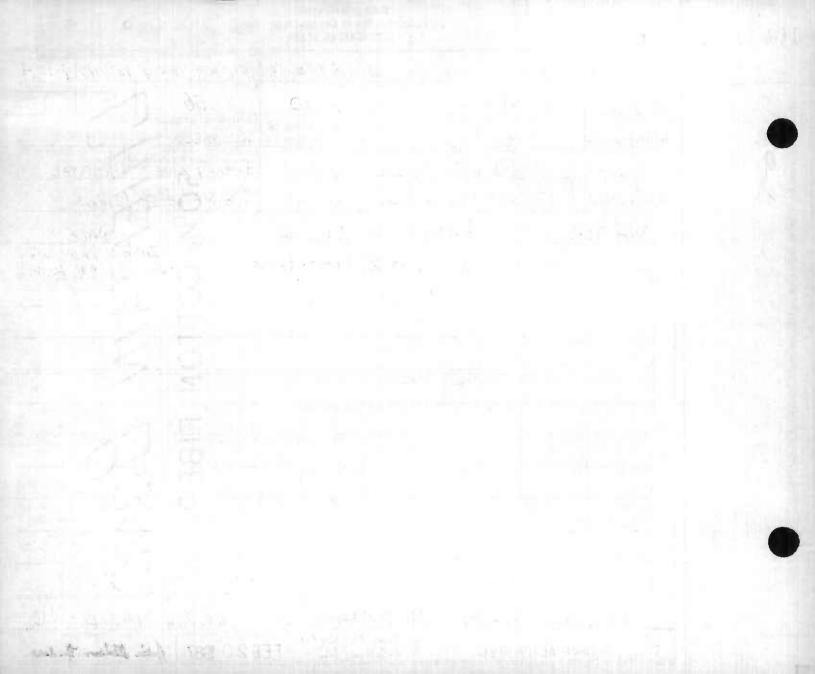


351 FER 17	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENES /	06131
noy be		CEASED NAME FIRST	WIAL AL.	Martin		MONTH DAY YEAR 26 HOUR 02-06-87 1:00 Am
oge 4 ma) rector, po urs ofter d	3 SE	M	1. RACE BIK	5. DATE OF BIRTH MONIH DAY YEAR 10 6 32	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
deoth. Po	3	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNDOWED DIVORCED	Wicomico	R COUNTY OF DEATH
A parties	Sa	ITY OR TOWN OF DEATH Lisbury	(IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Gener R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	al Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LA LOR	
should be	130.	STATE , 136 COU			13e STREET ADDRESS	TIP CODE (180/
complete and 2		Walter Walter Was deceased ever in u.s. as	MARTINE MARTINE	V FIRST ///	MIDDLE MIDDLE	DALE
be executed in a good		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 217-28	-4233 Addie MA		d, same As Above
		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)	static Cun	eer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death the attender remation, o		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU			
signed by hen please a burial, a	Z	underlying couse lost. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110
on. has been if permit. The permit. The construction ows any in the construction of th	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The graphsicio certificate hirial-transit ental Hygie them 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I ORPART 2)
ING PHY	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	11 01	CITY OR TO	WN COUNTY STATE
ATTEND ospital o ECTOR: A d far use it. of Heal m 21 is m		saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from		death accurred on the de	, 19 , that (1) (we) lost te and hour and from the causes stated
by the his by the his by the his by the his betached detached by the bit by the betached by th	1	226. SIGNATURE 226. PHYSICIAN'S NAME LIPPE	00 88(NT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	22. DATE SIGNED 2-6-87
TO HOSPITAL TO FUNERAL should be deto with the Store [IMPORTANT: #	22- 4	David E.	Circall, M	10 Sali	shury ,	m/ 2188)
BP		BURIAL, CREMATION, REMOVAL (SPECIAL) UNERAL DIRECTOR	236. DATE 236. 1 2-14-87 M	HAME OF CEMETERY OR CREMATORY	23d LOCATION SITY OR TOWN	Hill Dorc Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Jolle / Men	noriAb Chapel	SALISBURY MEET	1 7 400=	25b. REGISTRAR'S SIGNATURE



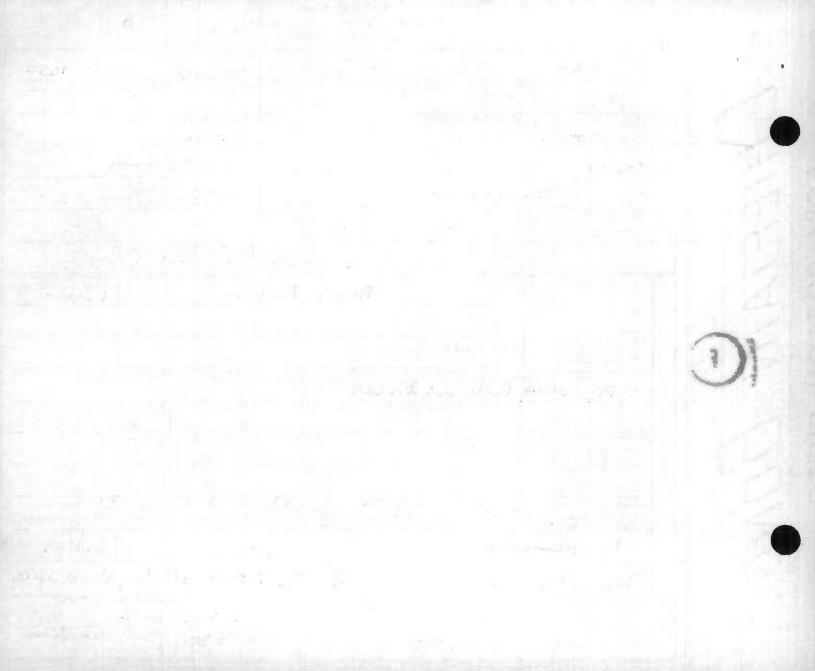
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(VRA 15, 4)

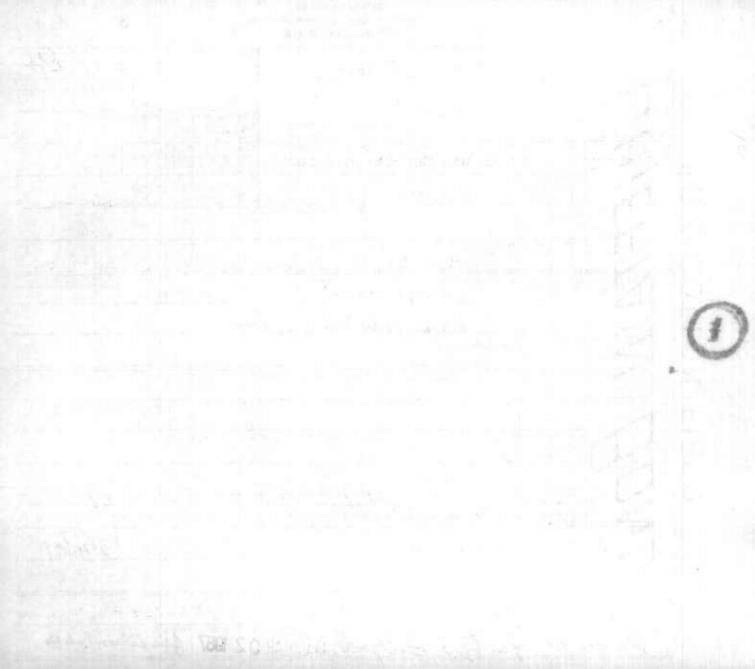


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144548 FFR 1		7REGISTRAR	CERTIFICATE OF DEAT	REG. NO	
		CEASED NAME FIRST	MIDDLE LAST		MONTH DAY YEAR 26 HOUR
1 75	(3)46	HATTI	E Matthew	15	2 5 87 4:30Pm
1 4	3,56	1 - 1 - 1 - 1	. RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	
7 86	16	Male	NOOCO AONTH JOAY 18	91 95	YRS.
- 10 and	7s. B	RTHIPLACE THATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE, CITY OF	COUNTY OF DEATH
\$ \$E 3 4		COUNTRY A	MARRIED NEVER MARR		omica MD.
	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT	IQNI 120. USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
E # 1399		alishury	Kiver Walx Man	TITLE OF WORK OR MOST OF	WORKING LIFE) INDUSTRY
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1 物化	M.	ATHER'S NAME	IDDLE LAST FIRST	IDEN NAME	LAST
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RE,			ED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT	ADDRE	SS O
IMO	1	100 IF IES, GIVE	- 219055674 Doc	ial Dervice	Kecords
HALL		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
the state of the s		PART I. DEATH WAS CAUSED		O Sis	12 lun
S I			DUE TO, OR AS A CONSEQUENCE OF		
EST CONTRACTOR		Conditions, if ony, which	(16) Cerebral On triosch	erosis	year
H TITLE		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF		
A Figure		underlying couse lost	(c)		
S. 26	-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE OR CONE	DITION GIVEN IN PART 110
ORD THE PROPERTY OF THE PROPER	10N	Diabeles	Mellitus.		
SEC 1 111 S	HICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORME	D 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
A 58 55 17	CERTIF			YES NO	YES NO
FVI Age of the state of the sta	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
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VIO PAGE		AT WORK	1 2	on Eal	-
O o o o o o o		220.1 certify that THE (this hospital sow the deceased ofive on_	F 00 5 67	86, to FEb	thot (we) lost
The state of the s		obove, (a) (we) (did) (did not	view the body ofter deoth.	opinion deoth occurred on the do	te and hour and from the causes stated
O W G AND	13	22b. SIGNATURE	O 11 01 DEGREE	IDING _ MEDICAL _ STAF	221 DATE SIGNED
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24 241 34	72-		Top Days	ALORY 1334 COALION	-011300111116
00	130	BURIAL CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREM	ATORY 23d TO ATION	L' JOYNTY MIATED
BP	24 F	UNI RAL DIRECTOR	01 Hall 3 Hall Ce	250. DATE REC'D. BY REGISTRAR	Sh PEGISTRAPIS SIGNATURE
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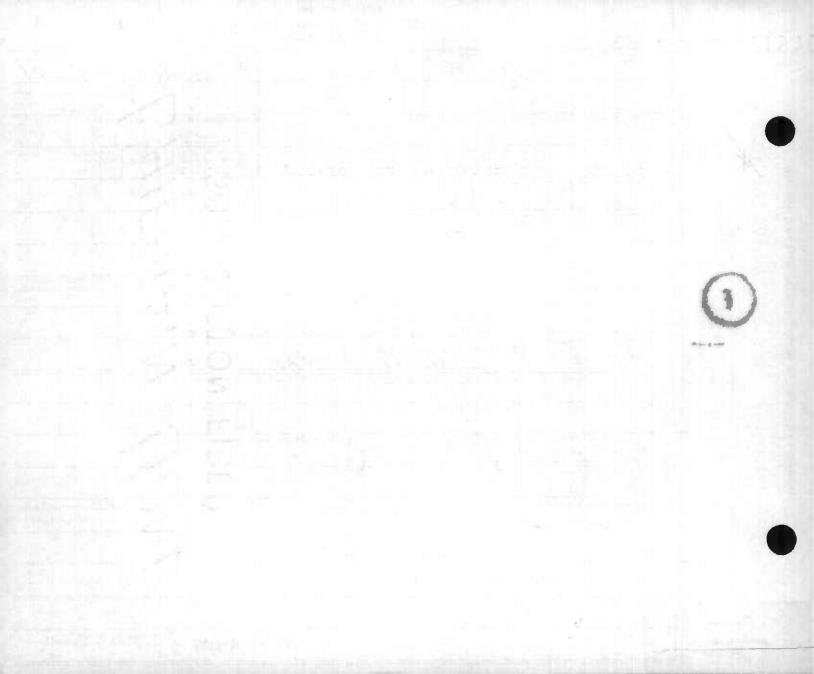
STATE OF MARYLAND



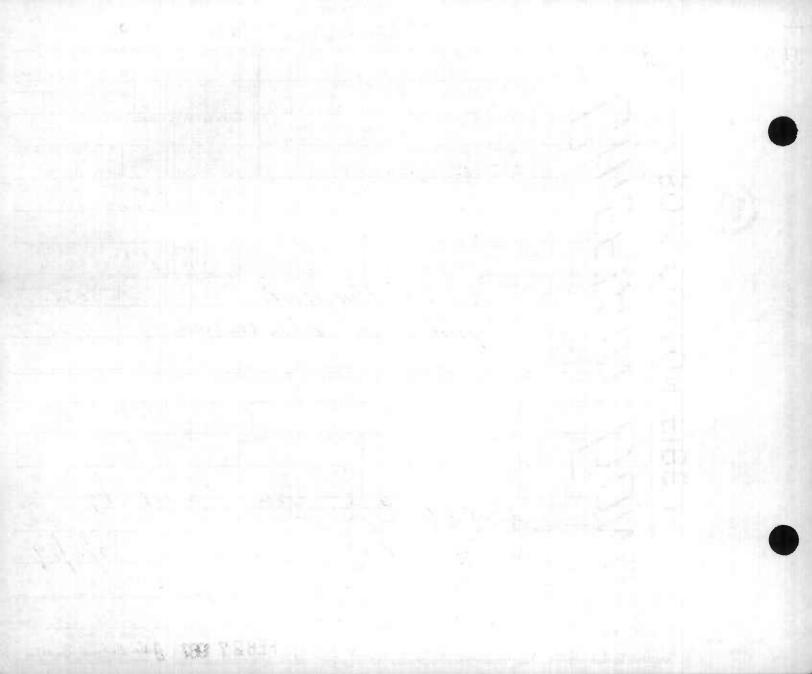
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I MAR	R-4) J -	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	GIENES /	0 6		5 3
			CEASED NAME	FIRST		MIDDLE	1	LAST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26. HOLLE
deogb deogh		(117)	ON PRINTY	John	0	scar	MOY	ris		2 24	5 87	20
Po d		3 SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24
di ector			Male		Whit	е	Janua	ary 4 1902	85	YRS.	UNINS DATS	HOURS
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5	30	10 CI	TY OR TOWN OF DI Lisbury	EATH	11. NAME OF PENINSU	HOSPITAL, NURSII CH FACILITY, GIVESTREET SULA GET	NG HOME C	OR OTHER INSTITUTION Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Nurseryman	OF WORKING LIFE)	126. KIND OF INDUSTRY Nurse	
illed in b	#7	13a. S	A RESIDENCE (IF NU	RSING HOME OR NIL COUN Suss	YTY	134 CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS Williams S	/ ZIP CODE	19975	1991
nd 2 sho	13		THER'S NAME FIRST John		MIDDLE	Morri		15 MOTHER'S MAIDEN N		01000,	Unkno	
0 - C	18	II 6a V	AS DECEASED EVE	R IN U.S. AR	MED FORCES?	16b SOCIAL SECT		17 INFORMANT	ADDR	RESS	UIKIIO	MII
ond	- Medic	()	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	221-16-5	328	Georgia Morr	ria Salbuwi	110 D	معميرماد	100
Lion Program	الميلا					er line for 10), (b), qr		Ideorgia Mori	ris, serbyvi	TTE, De		AATE INTERV
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ding physicion. Is certificate has been a real to the attention build-transit permit. Then permit and Mental Hygiene prior to build.	or Hem 18 shows any injury, as a maunic	EDICAL CERTIFICATION	gove rise to in couse (o), stot underlying cour PART 2 OTHER SIC	mmediate ting the see lost. GNIFICANT (ATION NDERLYING [] CAUSE OF DE, DICAL EXAMINER	DUE TO, C (c) 196 CONE 196 CONE 197 CONE 198 CONE	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	DEATH BUT H OPERATIO	NOT RELATED TO THE TER ON WAS PERFORMED 21c HOW INJURY OCCU 211 LOCATION	200 AUTOPSY? YES NO RRED (ENTER NATURE OF IN)	206 IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES (TI 1 OR PART 2)	GS USED OF DEATH NO
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451	75 F	FB 26	0.7	REGISTRAR				CEKIII	ICATE OF DEAT		REG. NO		
	w e	- J. J. O		CEASED NAME ORPRINT)	EIRST		MIDDLE	1/	AST	2	a. DATE OF DEATH		AR 26 HOUR
	by be				ENEV	IEIE	B	NO	LIN		FEBRUA		57 12:20 P.M
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	ge 4 ecto	-		Female		white		May	12, 1910		76	YRS	
	P 60	011		IRTHPLACE (STATE OR F	OREIGN]	76. CITIZEN OF	WHAT COUN	TRY?	D NEVER MARR	IED 9	BALTIMORE CITY O	R COUNTY OF DEAT	Н
	deorth de	O.C.		ermont		USA		WIDOWI	DIVORC	ED 🗆	Wicomico		MD.
	到之	131	10. C	ITY OR TOWN OF DEA	TH	NAME OF	HOSPITAL, NI	URSING HOME (OR OTHER INSTITUTI		2a USUAL OCCUPATI		ND OF BUSINESS OR
10	24 33	>50		lisbury		Penins	sula G	General	Hospita		housewife		
212	hoo	201	USU 13a	AL RESIDENCE (IF NUR.	NI COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	134. INSIDE CITY LI	MITS?	3e.STREET ADDRESS	7 TIP CODE	21011
ON N	24	20	Ma	ryland	Word	ester	Ber1		YES X NO		Rt. #3, Bo	x 8	2/8//
RYL	orthur 2	100	M. F.	ATHER'S NAME	A	AIDDLE	LAS	1	15. MOTHER'S MAI		MIDDLE		LAST
WA	ed a	2	V_{-}	George			auvais		Vivia	ın	MIDDLE	Wood	LASI
SE,	10 pm	1/	160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		D+ #1	Box 54-A	
¥.	A 0.0	4		no	(# 103,0110	WAR OR DATES	009-1	2-9641	Nathan Y	Toung	Berlin.		1
BAU	1			18 CAUSE OF DEAT	H (Enter onl	y one cause per	r line for (a), (l						PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1.	1 1	1		PART I. DEATH W		E CAUSE (a)	CARP	IAC F	RRESI	7			
ESTON ST	1	1		1 4			R AS A CONS	EQUENCE OF				752	
EST	P = 1			Canditions, if any,		(b)_		HEMIC	CARD	IONY	OPATHY		
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*	thot by sose	r oth		underlying couse	last.	((c)_		NARY	ARTE	RY	DISERS	E	
, 20	gned n ple	burie ny. o	_	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVEN IN PA	RT Ito
SO S	The	or to	CERTIFICATION										
2	ow or	brid S	₹ V	190 DATE OF OPERA	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED
AL R	The ion.	Town	E E		ALC:			ISME		100	YES NO	YES	NO 🗆
N N	hysic	Hygie		OR CONTRIBUTING		21b. TIME C		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)
10	SICIA 19 P	tem	WEDICAL	(# EITHER, NOTIFY MEDIC			.M.	19					
NOIS	PHY indire	d or	ED	214 INJURY OCCURE			OF INJURY	FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn COUN	TY STATE
DIVISION OF VIT	offer of the start	hon	~	AT WORK NOT WH	ILE								A
	NO - ON A SE	s m		220.1 certify that N.				e-11-	7 19	81	. 10_2-	18 19 8	that (W (we) lost
	Spite CTO	21.2		sow the decease above, (H(we) (c	ed alive on a	Q -1	ofter death	19 7, 0	nd that in (my) (our)	opinion de	oth occurred on the de	ote and hour and Iron	n the couses stated
	on e ho	Pept Her		226 SIGNATURE		0	0 1 1	1	DEGREE				DATE SIGNED
	7 4 7 5	0		Lon	in	1 (hod	nech		IDING ICIAN	MEDICAL STAI	IAN 🗆	
	HOSPII ned by FUNER	TANT		Dennis J.			10.50	No.	72e ADDRESS	Ouin	cy Sts. Sa	lichury	MA 21901
	TO HOSP retoined to TO FUNE should be	MPORTANT		Dennis J.	Chod	HICKI			Locust	x Quin	icy ses. se	illsouly,	nd. 21001
	Te of the	3 3	23a	BURIAL, CREMATION,	REMOVAL	236. DATE	TREE I	23c NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	il de la company	STATE
	BP	_ *		Burial		02/22/	87	Sunset	Memorial	Park	Berlin	Worc.	Md.
	DHMH - 16 6	OM 7/84	24. F	UNERAL DIRECTOR		108	William	ns St.		25a. DATE F	REC'D BY REGISTRAR		
	(VRA TS		W.	Kirk Burb	age			. 21811		FEB.	4 198/	Julia Harris	



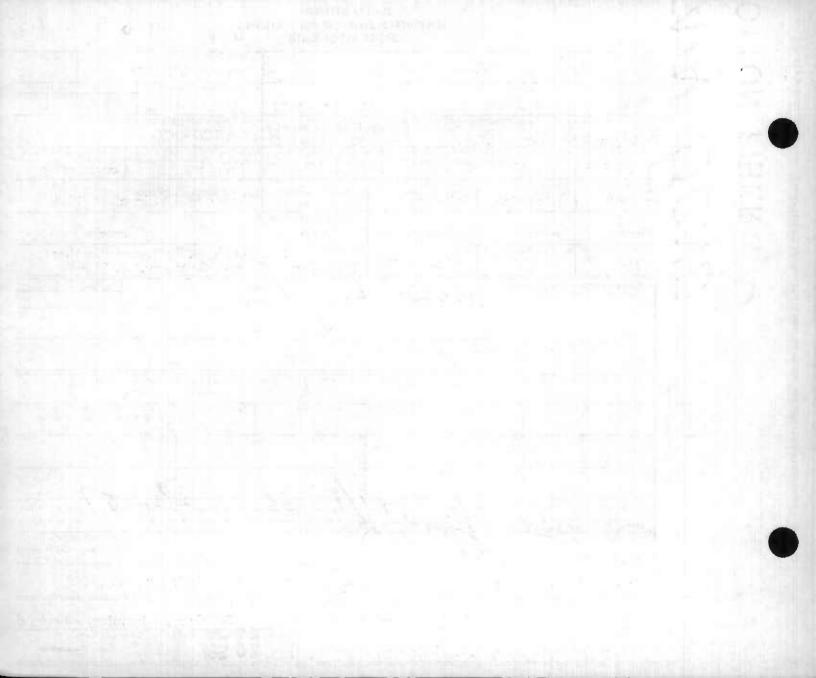
M		STATE OF MARYLAND											
14		1.	FOR - STATE REGISTRAR	TATE CENTIFICATE OF DEATH									
04	5700 MAR -		CEASED NAME FIRST	M	IDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR		
	eo tra	74	ANNE	0		OII	YAC		02 15	87	12:10PM		
	oe od	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS		
	s of		T1-	W		Oct		78	YRS	HS: DAYS	HOURS MIN.		
	Poor Poor	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH			
	n 72		country) Delaware	USA		WIDOWE	D NEVER MARRIED DIVORCED		20		440		
	ather de		ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR				
5	1 11/8/	5	SALISBURY		FACILITY, GIVE STREET		HOME	homemake		NDUSTRY	nome		
212	1 - 1 277	USU	AL RESIDENCE (IF NURSING HOME CO	ROTHER INSTITUTION C	SIVE RESIDENCE BEFORE	ADMISSION)				0011	TOTILC		
2	Very TV	2		sex	13c CITY OR TOW Laurel	N	13d INSIDE CITY LIMITS?	627 Four		90	1996		
YLA	1 日本		ATHER'S NAME				15 MOTHER'S MAIDEN N	AME	CII JC.	-/-/	111		
NA N	10	5	Walter	MIDDLE	llver		Claire	WIDDIE	Bak	PT LAS	57		
w	1 8 100		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	SAPPRE	Sbury,		21801		
WO	1 12 12	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	222 12	1591	Nancy Par						
ALT	1 9614	7	18 CAUSE OF DEATH (Enter o	nly one cause per l	ine far (a). (b/ and		1101107 101	50115 1127	T		IMATE INTERVAL ONSET AND DEATH		
-	4 444	0.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BUILDER TO TO TO TO TO THE OST S										
S X S	9 9 9 4		WWEDIA	,	AS A CONSEQUE	NICEOE	1 1		,				
STC	Seat Seat		Canditions, if any, which (16) HOMER LES ALLES Selection UKS-										
4	1 1111		gave rise to immediate cause (a), stating the		1								
3	to the coth	D	underlying cause last	(c)	AS A CONSEQUE	THEE OF							
5, 20	urres.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
ORC	149 17	NOIT	190 DATE OF OPERATION	Int. COMPLE	1011 500 14/11/51	00504710		177	Too is use to				
*	O GERGO	FIC	178 DATE OF OPERATION	196 CONDII	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	CAUSES	OF DEATH?		
TAL	40 210 4	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INITIDA		Tale How IN HIPV OCCU	YES NO	YES [NO 🗌		
> #	34 915 H	_	OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	121C HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)			
N	No. of the state o	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. PLACE O		19	211 LOCATION						
1SIC	E de de de	MEI	WHILE NOT WHILE		ET. FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	VN (COUNTY	STATE		
O.	ONG of Africa of the of		AT WORK AT WORK	And have a declarate	1	100	3 80	2	1.5	87			
	AT SET	T)	22a I certify that (I) (this hosp new the deceased alive or above [Misses-side] (did on			- ar	nd that in (my) (our) opinion	death occurred on the do	te and hour and		that (I) (we) last		
	PA CE CE PER CE		77h SHEMATURE	the body o	fleu drath.		DEGREE	- death decorred an me do					
	The Dist		(71111 L	boull	6	M	2	MEDICAL STAF		THE DAY	lon		
	1 5 1 1 1 1 T		MILEMYSICIAN'S NAME (TYPE	OR PKINT)	0	1/1	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	1/16	18/		
	SP 23 8	1	- EARL M. BEAR		D.			VIC AVE., SA	LISBURY	MD	21801		
00	01 58 3	230 5	BURIAL, CREMATION, REMOVAL			AAAE OE C	EMETERY OR CREMATORY	23d LOCATION		, 1.11			
44	9 AP14		SPECIFY)					CITY OR TOWN	cou	YING	STATE		
11	/ Not-		JNERAL DIRECTOR	28/18/	87 IB	lades	Cemetery	Blades TE REC'D. BY REGISTRAR	SUSSE 256 REGISTRAP		DElaware		
	DHMH = 16 60M 7/84 (VRA 15, 4)		NAME		ADDRESS		F	EB27 1987			- Randala		
	(* 15, 4)	H	omer I. Dish	aroon B	0x 6/8	Laur	PI III		7	Line	- America		



	1			STATE OF MARYLAND		
4341 FEB 17	71.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	0 /	06130
	1 DE	CEASED NAME FIRST	MIDDLE	IASI	REG. N	
e e e		OR PRINT)	1. 11	0	TI	1 00 10
may be page 3		11120	A MARRISON	PARKS	TED YUARY	10, 1981 0320 M
of potential	3 SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIE	MONTHS DAYS HOURS MIN,
urs of		-emall	while	10 6 1909		YRS.
4 5 5 6 F	7a. 8	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
de ort		IRGINIA	U,S,A	WIDOWED DIVORCED		MD
PRET TO		ITY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	12a USUAL OCCUPAT	
ا مَنْ الْمُورِ الْمُ	Sa	lisbury	Peninsula Gener		HosTess	. RESTAURANT
Per Per	USU 13a	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	1718 CODE 2/801
ND 22	M	ARYLAND WIL	COMILO SALISOR	YES NO B	R+ #11	BAX 614
The start of the s	IL F	ATHER'S NAME		15. MOTHER'S MAIDEN N		
MARYLAND ed within 24 mpletely filler and 2 should examiler in	1	Edward	L. HARRIS	ON Little	MIDDLE	Kilmon
			RMED FORCES? 166 SOCIAL SECT		1420 ADDR	FOSANTAPLL RO.
MORE e execution on ond of Poges	(YES, NO PRUNKNOWN) (IF YES, GI	WE WAR OR DATES) 214-10-1	705 Setta Brown	1 Silven Si	DRIVER MID ZAGAL
BALTIMORE. De executor and complete of the c	-		nly one couse per line for 191, (b), on		o oltach p	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	racion CHT		BETWEEN ONSET AND DEATH
PRESTON ST.,		IMMEDIA	TE CAUSE (o)			
OI		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	INCE OF		
PREST		gave rise to immediate	(b)			
by the corper other		cause 101, stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
201 sed becoming plea		PART 2 OTHER SIGNIEICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	BANKAI DISEASE OR CON	IDITION CIVEN IN BART 1:-
sign sign hen to be	Z	TAKE OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH OUT NOT KEERIED TO THE TER	MINAL DISEASE OR COIN	DITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN The law require of ordereding physician. Viter this certificate been signly as the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked ar Item 18 shaws any injury orked ar Item 18 shaws any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L REC	문				YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
VITAL NITHER NOTICE THE TOTAL THORIST Hygier 18 show	E E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2)c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	
A OF VIII		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	(Citization of the	
ON OF ding p ding p is certif buriol-i Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	211 LOCATION		
/ISIOI	WE.	WHILE NOT WHILE	TAT HOME STREET, FACTORY, OFFICE		CITY OR TO	OWN COUNTY STATE
DIVIS Para offer the se as the morked morked		AT WORK AT WORK			7 21	D 7
O Po Co		sow the deceased alive of	oital) attended the deceased from_	8 7 and that in (my) (nur) appris	on death assured as the d	ote and have and from the causes stated
T o C T		obove, (1) (we) (did) (did n	ot) view the body ofter-death.		occorred on the d	
0 = 0 0 =		22b. SIGNATURE	1 11.71	DEGREE ATTENDING	MEDICAL STA	221. DATE SIGNED
RAL RAL	-	22d. PHYSICIAN'S NAME ALPE	17/10	PHYSICIAN	DIRECTOR PHYSIC	IAN [] 2/10/27
HOSPITAL prined by the FUNERAL bould be deto the free Store PORTANT: H		1 7	OR PRINT	22e ADDRESS	74	
O HOSPIT etained by TO FUNER. Should be Sit with the Sit		7.6./Ca	110110	100) (
5 5 5 5	23a	BURIAL, CREMATION, REMOVAL	01.1.	NAME OF CEMETERY OR CREMATOR	23d LOCATION	1 COUNTY STATE 1
BP		BURIAL	2/12/1987 S	ringhill Mem	God HEDRON	WILDMILD MO
DHMH - 16 60M 7/84	245	UNERAL DIRECTOR	1 C 1 AMODESS	25e D		256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	10	AKETTDOUN	OS JALISOUV	1,1902180/	FEB 1 3 1987	

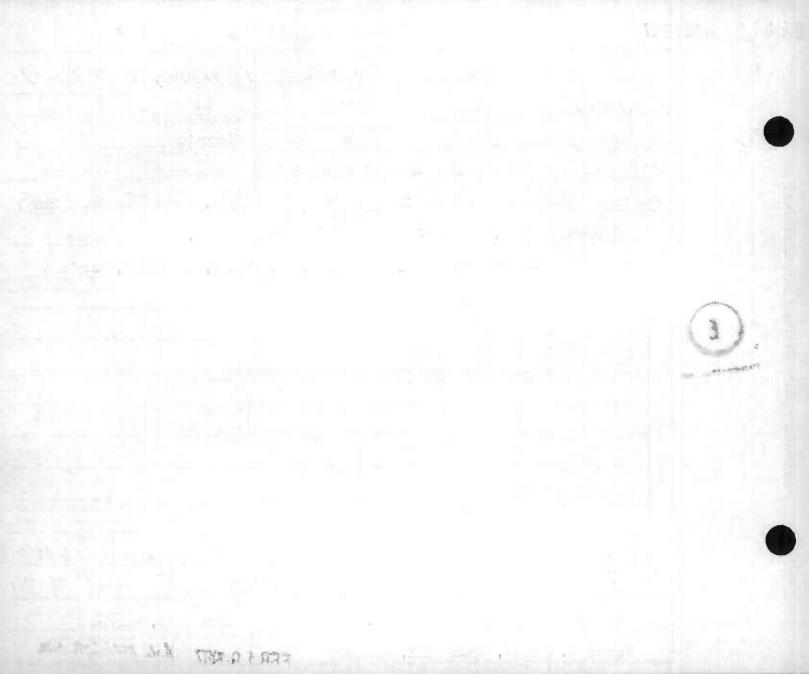
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	FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	IFME	0/1/1
	1 - STATE REGISTRAR		FICATE OF DEATH	REG. NO.	0 6 1 3 7
	1. DECEASED NAME FIRST	MIDOLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
5 0 12 15 B 27 8	Adolphu			February 22,	
e de le			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge 4	Male	White	02 16 1932	55	YRS
20 h b d	COUNTRY)		ED MEVER MARRIED	9 BALTIMORE CITY OR C	
deo deo	Salisbury, Maryland			WICOMIC	MD.
Softed with the softed with th	SALISBURY	1. NAME OF HOSPITAL, NURSING HOME AT HOME - NAYLOR	MILL VILLAGE	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WO Painter	IRKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
MARYLAND 2120 red within 24 hours. mpletely filled in by mod 2 should be file exomines missibe for	INSUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 136 COUNT Maryland Wico	Differ Institution Give residence Before Admission IT 13, CITY OR TOWN Salisbury	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZII	rillage 21801
evil.	14 FATHER'S NAME	1241 21AU	15. MOTHER'S MAIDEN NAM	ME	
MA be de do	Harry Alto	n Patterson, Sr.	Irene	WIDDLE	Carver
	160 WAS DECEASED EVER IN U.S. ARM	WAR ORD AREA	17 INFORMANT Mr.	Donald P. Pa	tterson (Brother)
BALTIMORE,	(YES, NO OR UNKNOWN) (IF YES, GIVE	214-28-2826	1701 Carver	Square, Salisbu	ry, Md. 21801
BAIL STATES	18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (g)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE		Lung Ca	neer	
NO # PRO NO		DUE TO, OR AS A CONSEQUENCE OF			
den	Conditions, if ony, which	(b)	V		
A 4 4 4 4 5 5	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
thot thot d by eose ol. c	underlying couse lost.	(c)			
oures signe signe on pl	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART TIO
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentending physicion. Wher this certificate hos been signs the buriol-tronsit permit. Then the ond Menlol Hygiene prior to be orked or Hem 18 shows ony injur	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ONLYMAS DEDECORATED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
Ne per a	SHE DATE OF GREATION	176 CONDITION FOR WHICH OPERATIO	DIA WAS PERFORMED	_ IN	CERTIFYING CAUSES OF DEATH?
TAL The sicrosite by sicrosite by sicrosite by spice shows	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tale HOW IN HIRY OCCUPA	YES NO	YES NO
SION OF VI		HOUR A.M. MONTH DAY YEAR	INC. HOW KNOWN OCCORR	ED (ENTER NATURE OF INJURY IN	BEM IS PART (OR PART 2)
YSIC ling scer went went	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d NUMBER OF COURSES	P.M. 19 21e PLACE OF INJURY	211 LOCATION		
PH tend	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY OFFICE, FARM ETC]	REET	CITY DR 10WH	COUNTY STATE
DIVI DIVI DIVI DIVI DIVI DIVI DIVI DIVI			9/1 51	2/	1287
DOM: ON:	220.1 certify that (1) (this haspite saw the deceased alive on_	ol) offended the decased from	one that it (my) (our) opinion o	teath occurred on the Auto-	that (I) (we) lost and hour and from the couses stated
ATT OSPINATION OSPINATION OF CONTRACT OF C	224 SICALATURE	yew the body after eath	DIGREE	Scott occorred on misosate in	22c. DATE SIGNED
DIR He H	1 05	I w	ATTENDING	MEDICAL STAFF	00/02/1007
by the by	27d PHYSICIAN'S NAME (TYPE OR	DOINT1	PHYSICIAN 270 ADDRESS	DIRECTOR PHYSICIAN	02/23/1987
O HOSPIT etoined by TO FUNER should be o with the Sta	Dr. David E. C			Street, Salisb	urv.Md. 21801
TO HOSPII TO FUNER should be with the Sti			1/2		-//
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	02/25/1987 Parso	ns Cemetery		Wicomico, Maryland
DHMH - 16 60M 7/84		ADDRESS		REC'D. BY REGISTRAR 25b.	
(VRA 15, 4)	1 lolloway Funeral I	Home, P.A., Salisbury,	Marylana FFR	26 1987	to file the properties

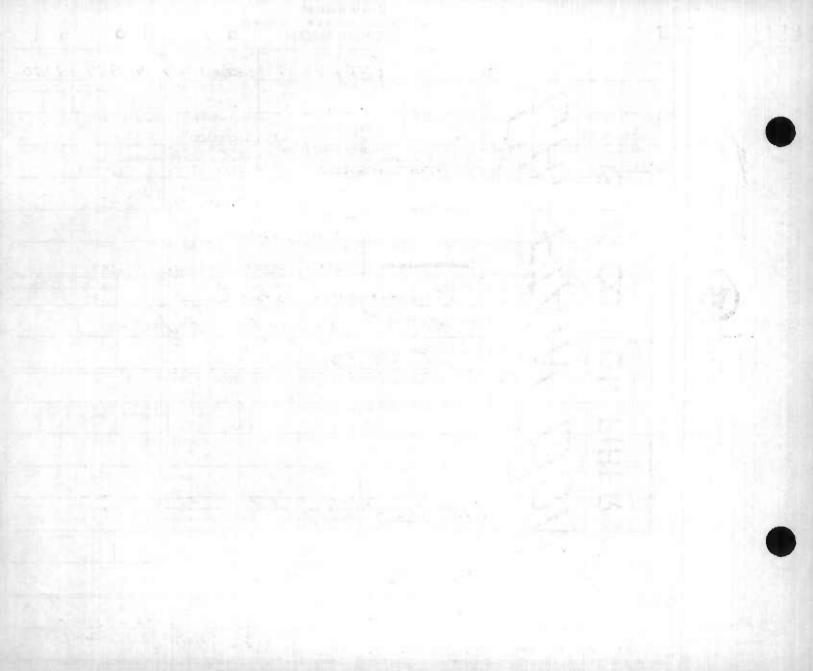


Norman F. Dennis.

(VRA 15, 4)



		Ita	m # 16b, Film	625 3	/16/87 ra	STAT	E OF MARYLAND		
45408 FE	EB 27		FOR STATE REGISTRAR				ICATE OF DEATH	HYGIENE 8	06141
	297		EASED NAME FIR	1	MIDDLE	^	AST		MONTH DAY YEAR 26 HOUR
oge 3		(TYPE	OR PRINT) Vel	cnon A	llison	PI	FRRY Sr.	· FEBRUARY	14,1987 2150m
moy pool	70	3. SE)		4 RAC	E	5. DATE		6 AGE (IN YEARS LAST BIRTH	MONTHS DATE HOURS MIN.
ector rs of	.79	1	Male	W	hite	Sept	. 25, 1920	66	YRS
Pog direct	25/		CTHPLACE (STATE OR FOREIG	N 7b C1T	IZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
to the second	1		Maryland		. S. A.	WIDOW	DIVORCED	XX Wicomico	MD.
A REAL PROPERTY.	9/		TY OR TOWN OF DEATH	{1E	NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
20 urs o	24		isbury			General Ho	spital	Carpenter	. Housing
D 21	ELL	13a. S	TATE 136	COUNTY	13c. CITY	ORTOWN	138. INSIDE CITY LIMI		7 9 9 9
LAN hin 2 shou	15		Laware St	ıssex	Sea	aford	YES NOX		19973 [/ / / /
ARY s with	165		chibald Peri	MIDDLE		LAST	FIRST	MIDDLE	LAST
Cute Cute	6		AS DECEASED EVER IN U	J	ORCES? 166 SOC	CIAL SECURITY NO.	Alverta '	ADDRES	SS
MOR ond oge	P G	{}		VES, GIVE WAR O		-05-7535 -05-7535	William 1	Perry Chester.	Maryland
Atril Atril	16		18 CAUSE OF DEATH (Er	ter anly one				0.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T. B			PART I. DEATH WAS C	AUSED BY:	(01027710	gence c	Stock a	
N S S S S S S S S S S S S S S S S S S S	No.					ONSEQUENCE OF	11.0	1/1/	1 -
deot deot	E 5		Conditions, if any, whi	ch ((b)	Vante	1200s	22/12/	Partion
the the	Jer tr		gove rise to immedia cause (a), stating t	he D	UE TO, OR AS A C	ONSEQUENCE OF	7	U	
or thou	or of		underlying cause la	_ ((c)	1300	1)		
DS, 2	lury,	Z	PART 2 OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
RECOROS. Iow requirements therefore the records to	y v	CERTIFICATION	19a DATE OF OPERATION	19	L CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L REC	100	IFIC						YES NO	IN CERTIFYING CAUSES OF DEATH?
VITA VITA Visicio Cofe Consit	-	CER	21a. ACCIDENT WAS UNDERLYI	hand ,	IL TIME OF INJURY		21c HOW INJURY O	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART I OR PART 2)
OF O		ICAL	OR CONTRIBUTING CAUSE	OF DEATH	HOUR A.M. MC P.M.	NTH DAY YEAR	Links.		
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TO HC TO FI	3	23a F	URIAL, CREMATION, REM	OVAL 123h	DATE	23c NAME OF C	EMETERY OR CREMAT	ORY 23d LOCATION	
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Snow Hill, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Makemie Presbyterian

Snow Hill, Maryland

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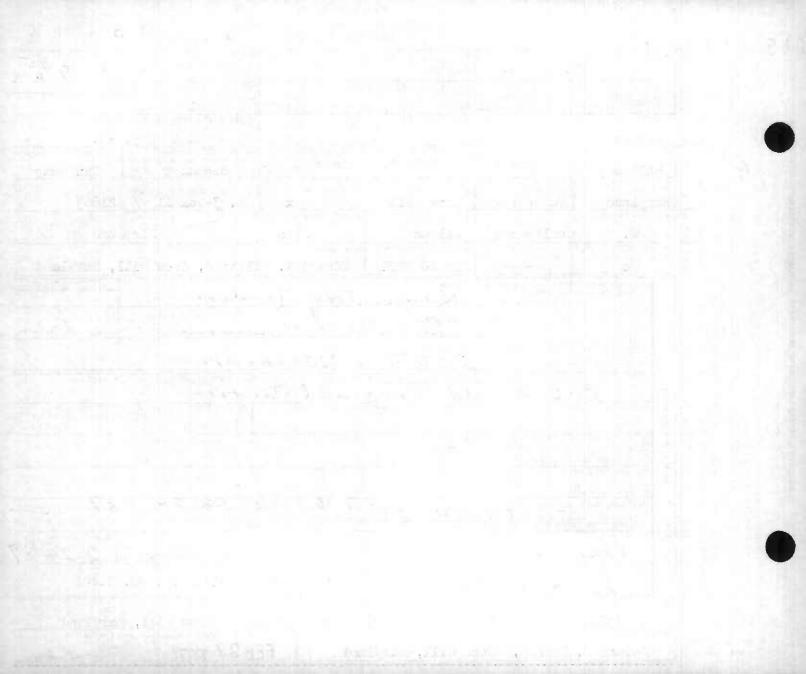
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DHMH - 16 60M 7/84 (VRA 15, 4) Burial

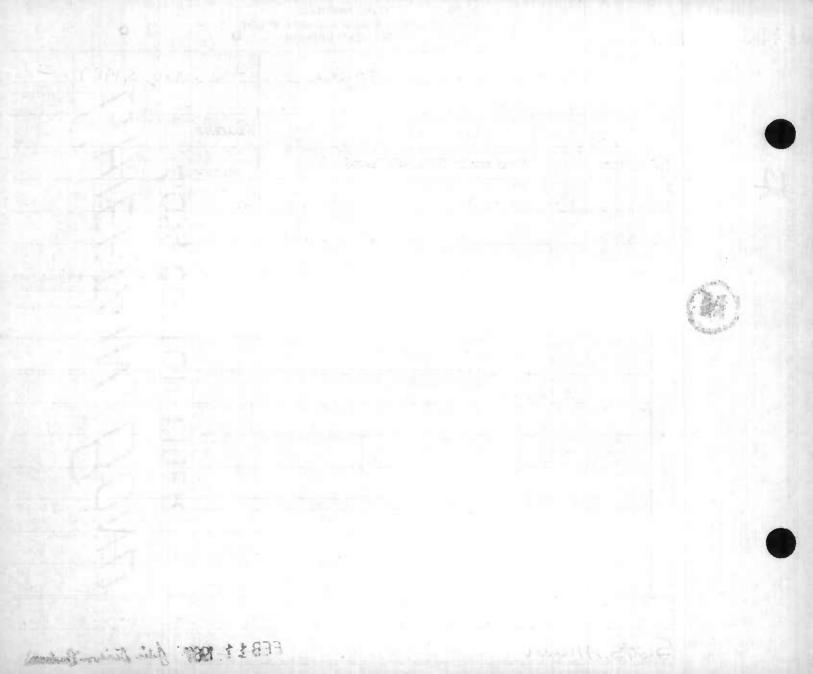
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24 FUNERAL DIRECTOR

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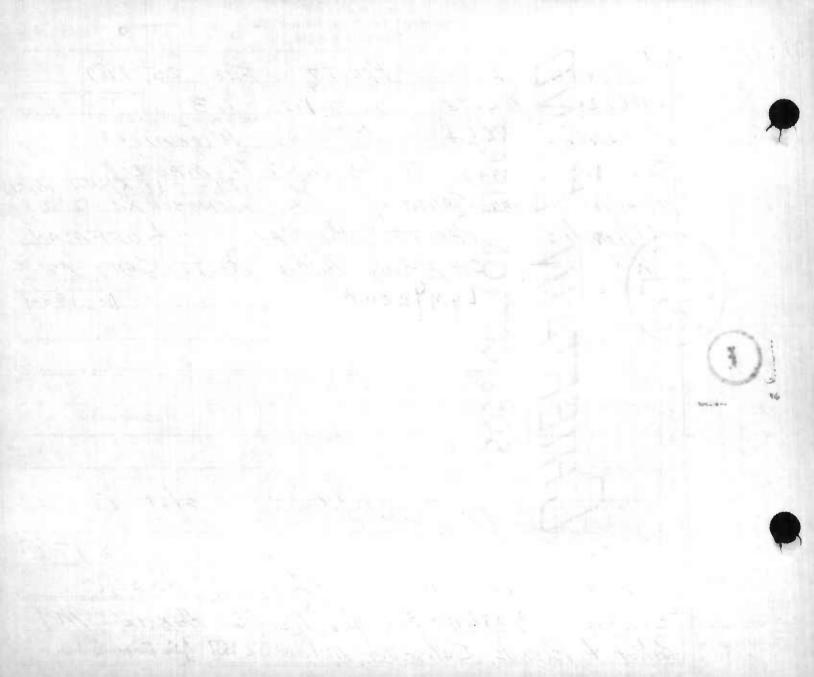
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5 € 5 € ₹ ₹ ₹	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE 2/15/8)CI	23c. NAME OF	EMETERY OR CREMA	ATORY 23d	LOCATION			STATE
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	1			STATE OF MARYLAND			
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or significant to the significan	CERTIFICATION						
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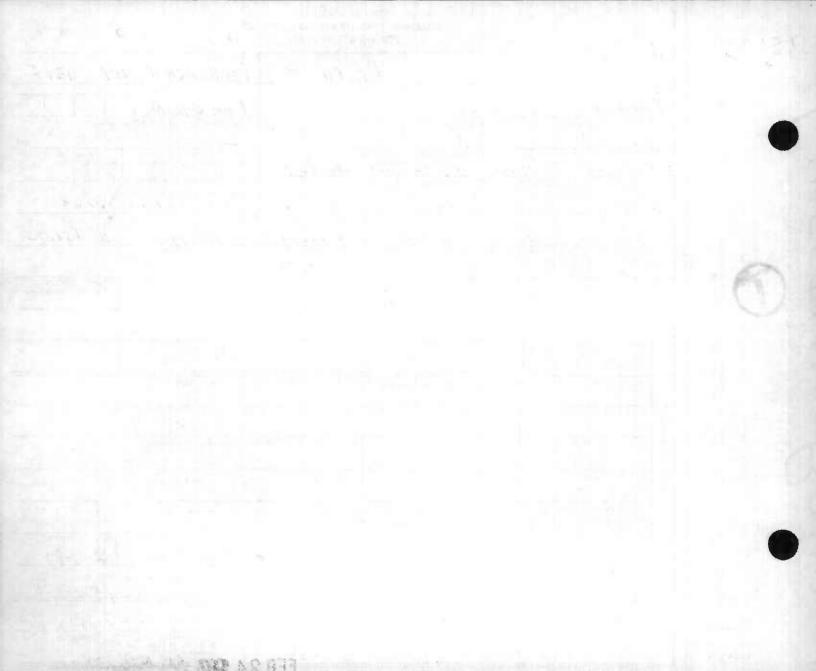


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page :	3 SE		4 RACE	5. DATE C	F BIRTH	6. AGE IN YEARS LAST BIRT		1345 M
ge 4 r	EL	MALE	white	MONTH 2	DAY YEAR	IHR 52mil	V YRS MONTHS DAYS	HOURS MIN.
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AND 24 H	130			rel	13d INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS /	ickman Dri	ie /
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he law has been prigons only ows only	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDE IN CERTIFYING CAUSES YES [NGS USED S OF DEATH?
NG PHYSICIAN: The law requirent offending physician. offen this certificate has been signost the burial-transit permit. Then the and Mental Hygiene prior to borked or frem 18 shows ony injury orked or frem 18 shows ony injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
NVISION UG PHY offer this free this st the bu h and An	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, C	DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR FO	WN COUNTY	STATE
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ATTI nospiri red for or of em 21		sow the deceased alive on above, (1) (we) (did) (did no 72b. SIGNATURE	t) view the body ofter death.		nd that in (my) (our) opinion of	deoth occurred on the do		SIGNED
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TO HOSPITA etoined by TO FUNERA should be de with the Stork MAPORTANT		James J. F	epon Mi	0		rolland Ave	me Solist	vara Moso.
999 GP		BURIAL, CREMATION, REMOVAL SPECIFY Cremation	02/12/1987	Salisbu	ry Crematory		Wicomico, A	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Holloway Funeral	Home, P.A.,	Sälisbury,		B 24 987	LEGISTRARY SIGN	and a

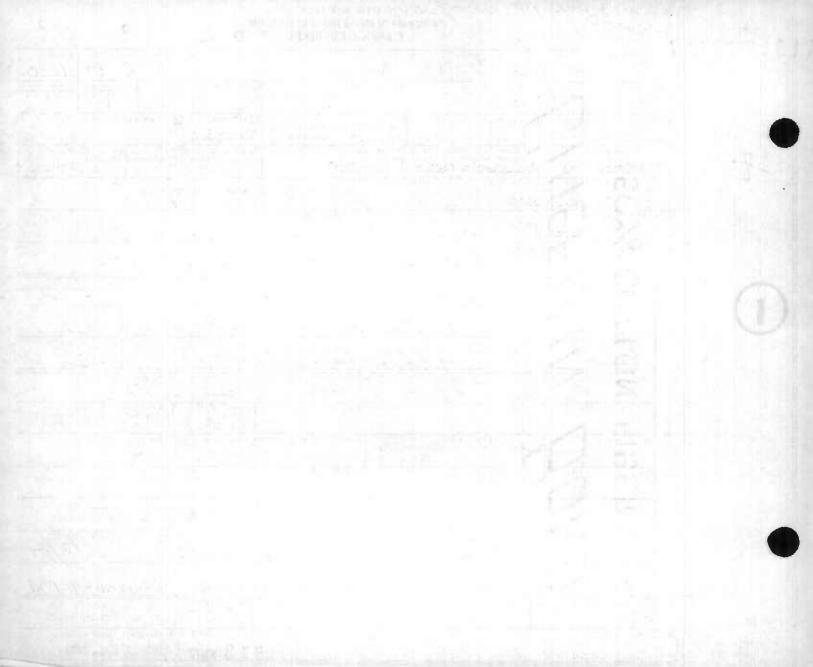
Holloway Funeral Home, P.A., Salisbury, Marylander

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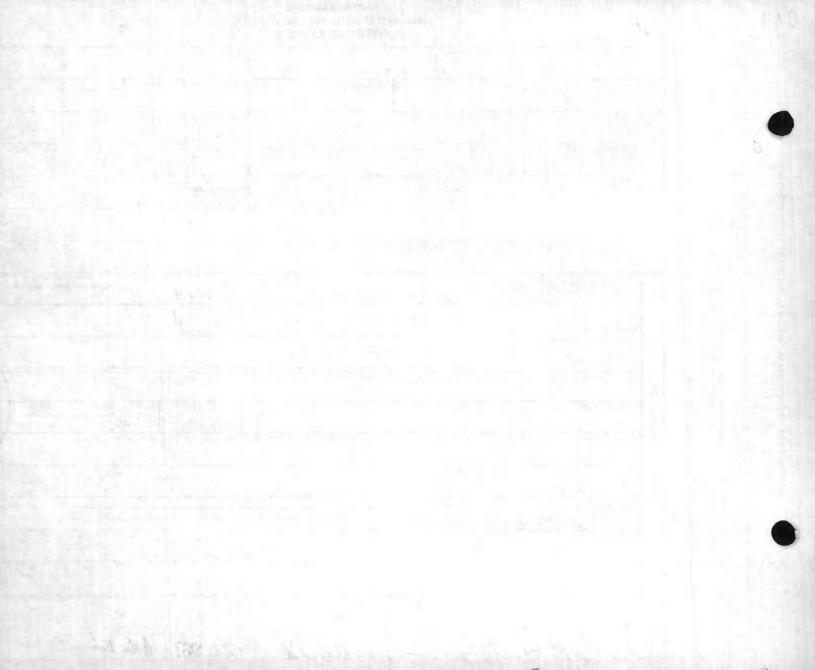
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oge 3		CEASED NAME FIRST LAWR	ence	Edward	RA	347		20. DATE OF DEATH MONTH	8 8	
page er de	3 SEX		4. RACE		5. DATE C			S. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y	
ctor s off	,	male	white		Tune	10. 1908	AR !	78 YRS		AYS HOURS MIN.
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(VRA 15, 4)	W.	Kirk Burbage	I	Berlin,	Md. 218	11		3 1 3 1987	Deading	m Salar



STATE OF MARYLAND 0 4 4 9 3 8 FEB 28187 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26. HOUR LTYPE OR PRINTS Clarence Reddish E. February 16 1987 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER LYEAR HINOM HOURS Male White September 24 1913 To BIRTHPLACE STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED COUNTRY Maryland USA Wicomico WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rt.1 Box 280 Bethel Road Willards Refinisher Floors MSUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Willards Maryland Wicomico Rt.1 Box 280, Bethel Road YES [NO IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Marion Reddish Sarah Causey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! 212-14-4136 No Reba M. Reddish, Willards, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for jo), (b), and (c); PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NO YES | 21h TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR YOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ ond that in (my) (our opinion death occurred on the date and hour and from the causes stated 776. SIGNATURE DEGREE 77r. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIANT 774 PHYSICIAN'S NAME (THE OFFIRM) 77e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Willards Wicomico Maryland Bratten Cemetery Burial 2-20-87 DHMH-16 60M 1/73 Julia Devider . Randall (VR A 15 (4))



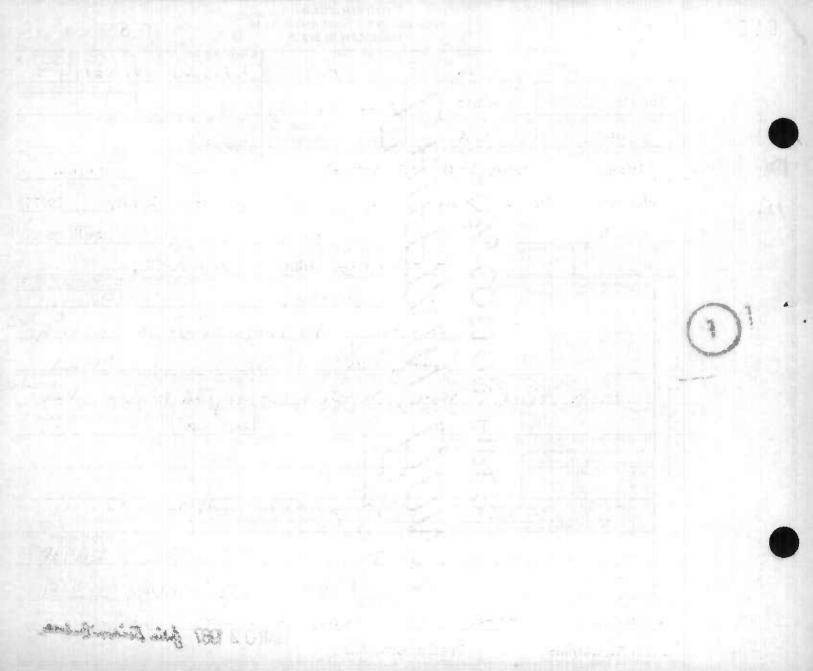
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1	1			E OF MARYLAND			
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DH	HMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR	Lit		Millsb	oro, Dei		FEE	REC'D. BY REGISTR	AR 75 REG	Aug.	GNATUS	-

BERT TO SEE SEEN PROM

	1	FOR	D.F.D.		OF MARYLAND EALTH AND MENTAL HYG	IFNIT (A)	0 6 1	
L E E 7 0 EE0 0	7 07	- STATE REGISTRAR	DEF		ICATE OF DEATH	REG. NO) 0 1	2 7
1 0 0 1 7 LED 7		ECEASED NAME FIRST JONN	MIDDLE	0	ALL WOOD	2a. DATE OF DEATH	2-14-87	26 HOUR 04/3N
4 may be or. page offer dead	3 5	EX	4 RACE	5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS 0	TEAR IF UNDER 24 HRS
Poge direct	70.	Male	White Th CITIZEN OF WHAT COUNT	May	19 1920		R COUNTY OF DEATH	н
deoth.	10.0	COUNTRY Md	US A	WIDOWE	D DIVORCED	Wicomico		MD ND OF BUSINESS OR
by the filled with	Sa	lisbury	Peninsula G	Seneral		carpente	F WORKING LIFE) INDUST	
AND 2 N	USI 130	JAL RESIDENCE (IF NURSING HOME OF STATE Md SOME	rother institution, give residence in the large of the la	BEFORE ADMISSION) TOWN 1CE	13d. INSIDE CITY LIMITS? YES A NO	St.Charle	zip cope S Chureh	Rd21816
MARYLAND 2 ed within 24 ho mpletely filled i and 2 sprood b	1	Oscar	Coole Small	lwood	Carrie	WIDDLE	Mye	
MORE,	2 160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		7-2674	17. INFORMANT Charlotte S	766°5°E Sheas Pasad	Sun Isla lena Fa.3	nd Dr. 3707
ST., BALT	1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	nly one cause per line for (a) (b ED BY, TE CAUSE (o) Cardia	in and icina	rest		APF BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
he deoth cer trending	P	Conditions, if ony, which	DUE TO, OR AS A CONS					
× 5 5 1	1	gove rise to immediate couse Io1, stating the underlying couse lost	DUE TO, OR AS A CONS					
8 8	Z	PART 2 OTHER SIGNIFICANT	10			INAL DISEASE OR CONE	DITION GIVEN IN PAR	Tlo
DIVISION OF VITAL RECORDS, NG PHYSICIAN The law requir offending physicion. Wher this certificate has been as the buriol-transit permit. The ful and Mental Hygaren prior to orked or Hem. 18 shows any yin a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
ON OF VITA	/	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I ORPART	2)
IVISION IG PHYS offending ter this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE
DR: A		22a.1 certify that (I) (this hasp saw the deceased alive on above (I) (we) (did) (did no	0/-	01	nd that in (my) (our) opinion	to 2/14	19 86 ote and hour and from	, that (I) (we) lost the causes stated
the horse to Deport		224 SIGNATURE and R.A.	Cerry	MI	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF	FF a	ATE SIGNED
HOSPIT med by FUNER build be OORTAN		PAUL R	cleury		560 RIVER		So Cistar.	15
BP	230	BURIAL, CREMATION, REMOVAL	236 DATE 2/14/87	Salisbu	EMETERY OR CREMATORY ATY Cremator	23d LOCATION Salisbu	ry Wico	m Mď
DHMH - 16 60M 7/84		FUNERAL DIRECTOR	Rt.3 Box	354 None 1	_	REC'D BY REGISTRAR	286 REGISTRAR'S SIGN	NATURE Adopted
DHMH - 16 60M 7/84 (VRA 15, 4)			r Princess	Anne, M	_	24 1987	which Deviden	Adaptivez ;

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LACE ISTATE OR FOREIGN RY) Pland R TOWN OF DEATH SDURY SIDENCE (IF NURSING HOME OR IN COUN Phila R'S NAME FIRST M DECEASED EVER IN U.S. ARA	A RACE DIACK DIACK USA 11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, OF Deer's Head OTHER INSTITUTION GIVE RESIDEN TY 13c. CITY C Ph.11a	Sm. 5 DATE COMMITTEE JUNE MARRIEL WIDOWE NURSING HOME COME ADDRESSI CE BEFORE ADMISSION CE BEFORE ADMISSION	11, 1896 TERM DIVORCED DIVORCED	90 YRS. 9 BALTIMORE CITY OR COUNTY OF WICOMICO County 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) handyman 136 STREET ADDRESS / ZIP CODE	INDER I YEAR IF UNDER 24 MRS
LACE ISTATE OR FOREIGN 7) and R TOWN OF DEATH SOURY SIDENCE (IF NURSING HOME OR 11/2 COUN Phila R'S NAME FIRST M DECEASED EVER IN U.S. ARA	A RACE DIACK DIACK USA 11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, OF Deer's Head OTHER INSTITUTION GIVE RESIDEN TY 13c. CITY C Ph.11a	JATE C MONTH JUNE MARRIE MIDOWE NURSING HOME C VE STREET ADDRESSI CE BEFORE ADMISSION) RT OWN Adelphia	DE BIRTH 11, 1896 D NEVER MARRIED D NOTHER INSTITUTION 13d. INSIDE CITY LIMITS? YESZEL NO	O. AGE (IN YEARS LAST BRINDAY) O. YRS. BALTIMORE CITY OR COUNTY OF WICOMICO County USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) I handyman 13e STREET ADDRESS / ZIP CODE	NDER I YEAR IF UNDER 24 AR: THS DATS HOURS MIN DEATH N 12b KIND OF BUSINESS O
LACE ISTATE OR FOREIGN RY) Pland R TOWN OF DEATH SDURY SIDENCE (IF NURSING HOME OR IN COUN Phila R'S NAME FIRST M DECEASED EVER IN U.S. ARA	black USa 11. NAME OF HOSPITAL, (IF NOT INSUCH FACULTY, OF Deer's Head OTHER INSTITUTION, GIVE RESIDEN TY 13. CITY OF Phila ADDLE Smith	JUNERY? & MARRIEL WIDOWE NURSING HOME CYE SUBER ADDRESS! CE BEFORE ADMISSION DR TOWN Addelphia	11, DAY 1896 D NEVER MARRIED DIVORCED	90 9 BALTIMORE CITY OR COUNTY OF WICOMICO County 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) handyman 136 STREET ADDRESS / ZIP CODE	DEATH NOTE: THE DAYS HOURS MIN
LACE ISTATE OR FOREIGN Print Pland R TOWN OF DEATH SDURY SIDENCE (IF NURSING HOME OR COUNTY) Phila R'S NAME FIRST IN DECEASED EVER IN U.S. ARA	USa 11. NAME OF HOSPITAL, IF NOT IN JUCH FACUITY, OF Deer's Head OTHER INSTITUTION GIVE RESIDENTY 13. Phila ADDLE Smith	June MARRIE MIDOWE NURSING HOME CO YE STREET ADDRESS! CE BEFORE ADMISSION) R TOWN adelphia	11, 1896 D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION 134. INSIDE CITY LIMITS? YESZEL NO D	9. BALTIMORE CITY OR COUNTY OF WICOMICO COUNTY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 130. STREET ADDRESS / ZIP CODE	N 12b KIND OF BUSINESS O
PI and R TOWN OF DEATH SOUTY SIDENCE (IF NURSING HOME OR C Phila R'S NAME FIRST IN DECEASED EVER IN U.S. ARA	USa 11. NAME OF HOSPITAL, IF NOT IN SUCH FACULTY OF Deer's Head OTHER INSTITUTION GIVE RESIDEN 13. CITY OF Phila ADDLE Smith	MARRIEI WIDOWE NURSING HOME OF ESTREET ADDRESS) ICE BEFORE ADMISSION) OR TOWN Adelphia	DIVORCED DIV	Wicomico County 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 136 STREET ADDRESS / ZIP CODE	N 12b KIND OF BUSINESS O
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FIRST MEDICAL PROPERTY OF THE	Smith	AST	15. MOTHER'S MAIDEN NA	2729 N. 29th Stree	et 99999
DECEASED EVER IN U.S. ARA			FIRST	AME	LAST
	AED FORCES? 166 SOCIA		Eliza		Dennis
	WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS	
	220-1	12-1090	Harvey Smith	Berlin,	Md.
use (a), stating the derlying cause last.	DUE TO, OR AS A CON				
1.2 OTHER SIGNIFICANT CO	onditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERM	winal disease or condition given	IN PART 110
DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WIN CERTIFYING	ERE FINDINGS USED IG CAUSES OF DEATH?
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT EITHER NOTIFY MEDICAL EXAMINER)		TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
INJURY OCCURRED RE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	7-77	19 F 7 ar	nd that in (my) (our) apinian	death occurred on the date and hour on	A), that (II (we) lid from the couses stated
saw the deceased alive an above, (1) (we) (did) (did not			ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2-27-8
saw the deceosed alive an obove, (I) (we) (did) (did not SIGNATURE		11.			300 04004
600	ertify that (1) (this haspit aw the deceased alive an abave, (1) (we) (did) (did not	e NOT WHILE (AT HOME STREET, FACTORY and WORK) (AT HOME STREET, FACTORY certify that (1) (this haspital) attended the deceased on the deceased alive an body (did (did not) view the body after death IGNATURE	certify that (1) (this haspital) attended the deceased from the deceased alive an above, (1) (we) (did) (did not) view the body after death. ATTIME (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	TAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET certify that (1) (this haspital) attended the deceased from the deceased alive an above, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING PHYSICIAN [124] OR ADDRESS	certify that (1) (this haspital) attended the deceased from the deceased alive an above, (1) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR OFFICE, FARM, ETC) STREET CITY OR TOWN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

CHMH - 16 60M 7/84 (VBA 15, 4)

T. Water

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

grand onlandly Deer's lead Conter Beer's hond bushes, salidous, in a feet with proper of

								ARYLAN						
		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE								06	1 5	Ö		
		REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEATH!	REG.	NO.		
EOIO MAD OO		CEASED NAM	E FIRST		MIDDLE			LAST		70 DA	TE KNOWN		DAY YEAR	26 HOUR
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\$255°		M	W	1/12/23		64 YR		DATS	HOURS		EAD	2-2	3-8719	4:00RM
SIN X	7n. B	RTHPLACE (S	TATE OR	76 CITIZEN OF W	HAT COUN		0	-		9 BAI	TIMORE CIT	Y OR COUN	TY OF DEATH	4.000
SHOE H	FC	REIGN COUNTRY)			1 1				VER MARRI	ED L		-		
DEDWAS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5-FOR YOUR FILES. D BE FILED WITHIN 72 HOURS ROS. 2001 W PRESTOR STREET,		Illinois			USA		WIDOW		DIVORC	AATC.	omico (MD.
1 2 E R E R E R E R E R E R E R E R E R E	10 C	TY OR TOWN	OF DEATH	11 NAME OF HO	SPITAL, NU	IRSING HOME	, OR OTH	ER INSTITU	TION		WORKING LIFE)	(TYPE OF WORK	OR INDUST	US!NESS TRY
16 4 STEAM	9	alisbu	rv /	Penins	ıla Ge	eneral	Hosp	ital		Englis		ofesso		
AND SECONDS	WSU	L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, G			ON)					Mary		•
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DO NAME OF THE PARTY OF THE PAR		lying co.	ose lust.	(c)									1070	
A TIGORIA		PART 2 OTHER S	IGHIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT HOT REL	ATED TO THE TERM	INAL DISEASE	DR CORDITIO	N CIVEN IN PAI	PT 1 (e)				
CORD! CORD! BE EXE NDING NDING AS A BU ALTH AP PREMA*	z							0 11 (01101110	W OILE W LW					
BIVISION OF VITAL RECORDS, 201 VITAL RECORDS, 201 VITAL RECORDS, 201 VITAL RETING THE WORD "PENDING" IN PENDING TO THE CHIEF MEDICAL EXAMINES 3 SHOULD BE USED AS A BURIAL. TREE DEPARTMENT OF HEALTH AND MENTAL ON PRIOR TO BURIAL, CREMATION, OR HEALTH AND MENTAL ON PRIOR TO BURIAL, CREMATION, OR HEALTH AND MENTAL ON PRIOR TO THE TENDING THE T	CERTIFICATION													
A HOUR PERSON	3	198 DATE OF	PERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY	?
SHOULD SH	E												YES X	NO 🗌
OF V	1 1 1		AL CAUSE WAS	216 TIME O	F INJURY		21c HC	W INJURY	OCCURRE	D (ENTER NATURE)	OF INJURY IN ITEM	A 18 PART 1 OR PA	ART 2)	
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SARI TO STIFF	Š	ZIE INJURY	NG CAUSE OF			(AT HOME		CATION	7,11	all auco	WITTCIT	Lair		- Oddiaj
DE 3 DE LA	MEDICAL			STREET FAC	TORY, FARM, E	ETC			lano I	U.S.50149	Piownf	, co	YINIY	STATE
DIVIS THIS CER WARDED PAGE 3.5 STATE DEP	1	AT WORK	NOT WHILE	ngw	Y •						L. OI	Wicom	ico Co.,	Md.
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	{ !	PECIFY)	TION, REMOVAL 7		73c	NAME OF CEA			JRY	23d LOCATIO	N	cou	INTY S	TATE
07/B4 BP		Crema		2/27/87		Green				Ba	alto.,		MA	000
25M DHMH - 17	24 F	UNERAL DIREC	Henry	W. Jeni	kins i	& Sons	Co.		750. DATE R	B 27 19	STRAR 256 RI	GUSTRA PORCE	अंदिरामित्री विशेष	
(VR A15 ME (5))			rk Road					1	FE	BZIE	10			
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The . virth sentence differ Working the A bottle at the state of the section of V. Especial Control Prist Cult Art. Caylo S. Smith, Labra tangell, vendouce assured

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPAKI		ICATE OF DE	ATH	8	REG, NO	0	0	2 /			
		CEASED NAME PEST		WIDOLE	'	LAST		20 DATE C	F DEATH	HIMON	OAY YEAR	2b. HOUR			
CA	1.00	W; 11: 4m	,	3.	14	SILER		FEI	3244	ny (1987	0238M			
ED	11(2)		4 RACE			5. DATE OF BIRTH			YEARS LAST BIRTH		IF UNDER TYEAR	IF UNDER 24 HRS			
	1	ualē	Black		3 - 10 - 1910				HOURS MIN,						
1		ETHPLACE (STATE OF TOREIGN	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH							
0	W	ARYLAND	Le.s	SA.	WIDOWE		DRCED [Wicon	uico			MD.			
1	1	TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSI	(ADDRESS)		UTION	TYPE OF WO	OCCUPATION HOST OF	WORKING LIFE		F BUSINESS OR			
_	**********	AL RESIDENCE (IF NURSING HOME OF		ula Gener		spitai	-	LV	PODE	2.					
5	130. S	TATE 136 COU	VITY	13c. CITY OR TOW		13d INSIDE CIT	Y LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	al-ch.	(3815 LM			
-	14. FA	THERS NAME	COME	IDAKSU	any	15 MOTHER'S		111111	DECONO	51	34430V	egries			
1		Hillard	MIDDLE	IASKER.		AM	NIE		WIDDIE		Jones	i			
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECT	URITY NO.	17 INFORMAN	1		ADDRE:	SS					
		No.	E WAR ON DATES!	240.09-	6568	Mildee	a) LAG	KER	117 Sa	ind o	St. SA	be. Not			
1		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), / APPROXIMATE IN) BETWEEN ONSE! AN													
		PART I. DEATH WAS CAUSE	DBY Paulin hulmo nary arrest.									65.7			
		WWW.D.	DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if ony, which	(16) Cerebro Vapentar accident												
		gove rise to immediate couse (a), stating the													
		underlying couse lost.													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAP DISEASE OR CONDITION GIVEN IN PART 110													
	NO														
9	FICATI	190 DATE OF SPERATION	196 CONE	TION FOR WHICH	HOPERATION WAS PERFORMED						, WERE FINDIN				
/								YES NO YES			S NO				
5.	CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR			21c. HOW INJURY OCCURRED (ENTER NAT			TURE OF INJURY IN ITEM 18 PART OR PART 7)					
7	3	(IF EITHER NOTIFY MEDICAL EXAMINE	4111	.M.	19										
	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM FICE STREET			CITY OR TOWN			COUNTY STATE				
	2	AT WORK AT HOUSE	TAT TIONE, ST	meer, the lost, office,	r Ann. Erc j										
		27a.l certify that (1) (this hospital) attended the deceased from - 15 - , 19 87, to 2 - 6 - 19 87, that (1) (we) lost													
		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body	v ofter death.	87.01	nd that in (my) (c	our] opinion	deoth occur	red on the do	te and hou	r ond from the	couses stated			
		725 SIGNATURE	0 0	. /		DEGREE			10140		22c DATE	SIGNED			
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/6													
1	7	22d. PHYSICIAN'S NAME	14791111	22e. ADDRESS				11/1/							
1		KOTA L. CI	ANDRAS	SEKHARA		306 A	CAY F	4UE	SALISB	ORY	MD.	2180/			
		URIAL, CREMATION, REMOVAL	236. DATE	23с.	NAME OF C	EMETERY OR CR	EMATORY	23d LOC	ATION		POLINE				
		DUEIA	2-11	-87 €	PEREN	ARCO	10	5	gliche	0.40	Wico	1-Mid			
	24 51	INTERAL DIRECTOR			-		ALCO EV	CACATA AN	SARONETDAD	IL DECKT	DADIC CLONIA	LIBE			

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

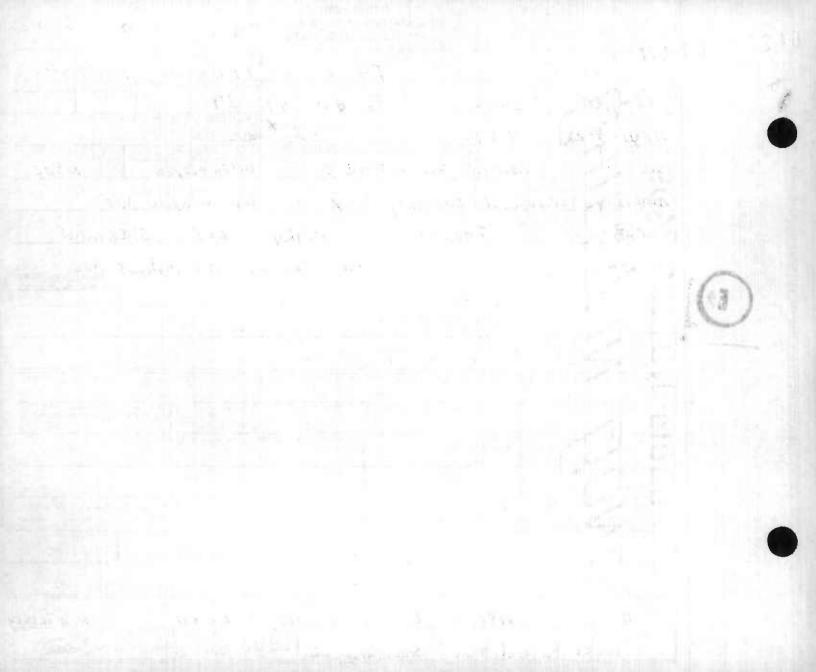
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24 FUNERAL DIRECTOR

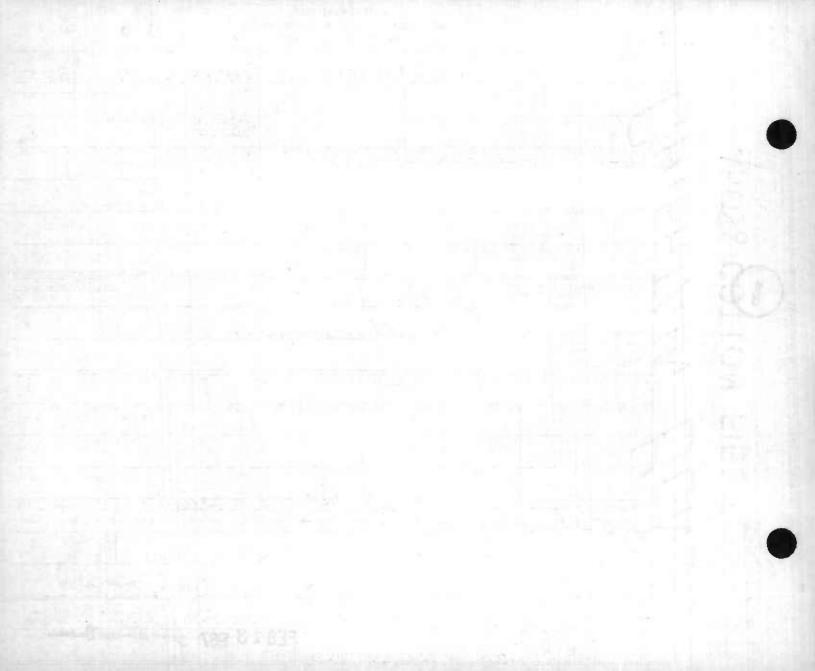
(SPECIFY)

LEMETERY EBO3 1087 Julia Derden

LINDEN



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10	7 0 1	101	4	7.117	REGISTRAR							REG. NO			
	e 6				E ASED NAME OR PRINT)	FIRST DAT DIT		MIDDLE		LAST	20	DATE OF DEATH	1	AY YEAR	26 HOUR
	tor page 3				•	RALPH		Α.		moros	Y	EBRUARY	0,198		0305 M
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VISI	the steep			¥	WHILE NOT W	HILE [(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	STREET		CITY OR TOV	/	COUNTY	STATE
0	A P	offh and marked			220 I certify that (6		al) attended th	ne deceased f	ram /re/a	e 1/87		10 2/6/	37	19	that () (yee) last
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- 1	O 4 0 4	IMPO		23a B	JRIAL, CREMATION	REMOVAL	73b. DATE			EMETERY OR CREMATO	ORY	23d LOCATION	1		
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45503 FEB	27.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8/	06160
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4 M E		CEASED NAME FIRST		7	78 DATE OF DEATH	- 1/ 16 09
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Ter. p	3 SE	X	1 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	IF UNDER) YEAR IF UNDER 24 HRS
Puge 4 may be director, page 3 nours ofter death		EMALE	WHITE	8 27 1910	76	YRS
是 克里 明	₹a. B	RTHPLACE I STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
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2 08-4		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a). (b)		7757 7 19	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by III ose oth	1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		
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signe hen pl to bur njury, o	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART 110
i i i i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
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OR A bosp DIREC Dept		22b. SIGNATURE	vipwane oddy difer death.	DEGREE		22c DATE SIGNED
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E S F N > Z	23a	PENEL CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	LOWIN STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		Offendin	ter this
۵		ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be pital or attending physicion.	TOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 for use as the buriol-transit permit. Then please remove carban papers. Pages I and 2 should be filed within 72 hours after death

44935 FEB 23	FOR STATE REGIS	TRAR			RTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	REG. N		6 1
oy be depth	1 DECEASED			R.	Tw	willey	20. DATE OF DEATH FEBYUO	MONTH DAY	26 HOUR 2245 M
ge 4 moy ector. por rs ofter d	3 SEX Fer	male	4. RACE White		S. DATE C	09 ^{AY} 189 ^{EAR}	6. AGE (IN YEARS LAST BE	IRTHDAY) IF UNDE	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
death. Poureral dir	Salisb	CE (STATE OR FOREIGN Ury, Maryla	nd U.S.		WIDOWE		PALTIMORE CITY OF WICOMICO	OR COUNTY OF DE	ATH MD.
by the fiftled with		own of DEATH bury				ROTHER INSTITUTION Hospital	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
AND 21:	13a. STATE Mary			134 CITY OR T Quanti		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Route #1	Box 319	21856
ompletely ond z s	Hei	nry E		Rounds		15. MOTHER'S MAIDEN NA	D. MIDDLE	Rounds	EAST S
e be execut cron and co		CEASED EVER IN U.S. RUNKNOWN) (# YES,	ARMED FORCES? GIVE WAR OR DATES)	213-18		Mrs. Be	etty J. Twille Drive, Salish	ey (Daught	er-In-Law) 21801 APPROXIMATE INTERVAL ETIMEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of otherding physician and completely filled in by said the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled in by the and Membal Hygene prior to buriol, cremability, or removal. Onked or them 18 shows only injury, or other traumatic event, the medical examiner must be not orked or them 18 shows only injury, or other traumatic event, the medical examiner must be not orked or them.	gove cause under	tions, if ony, which rise to immediate (a), stating the lying cause lost.	(b)_ DUE TO, C	OR AS A CONSE	EQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN IN F	PART II a
AL RECORD: The low required. The low required. The low required. The low required. The low required in permit in the prior to prove only injury.	RTIFIC	TE OF OPERATION			HICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
O PHYSICIAN: T offending physician this certificate is the buriol-transic and Mental Hygy ked or them 18 sh	OR CON	CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF HER NOTIFY MEDICAL EXAMI JURY OCCURRED NOT WHILE AT WORK	DEATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	21c. HOW INJURY OCCUR	CITY OR T		PART 2) UNIY STATE
ATTENDIN Aspitol or a CTOR Aft Afor use on of Health	22a.1 c	ertify that (I) (this ho w the deceased alive love, (I) (we) (did) (did	on	1	9, an	d that in (my) (our) opinion	death occurred on the c	dote and have ond fr	, that (I) (we) lost rom the causes stated
by the hor by the hor ERAL DIRE state Dept	276.510	senature senjami	4	Men	/	ATTENDING PHYSICIAN	MEDICAL STA	AFF	2 17/87
O HOSPITAL TO FUNERAL Should be det with the Store		NJAMIN	H. MEYER			560 Riversi	ide Drive, Sc	alisbury, M	d. 21801
BP	230 BURIAL,	cremation, remov ial		/1987		METERY OR CREMATORY S Cemetery	Salisbur	y, Wicomid	čo, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Sallsbury, Maryland

FEB 20 1987 Julia Diridur Rudus

white with the DS of the contract of the second

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 20 DATE OF DEATH 26 HOUR YPE OR PRINTS Edith AGE LIN YEARS LAST BIRTHDAY) 4 RACE 3 SEX MONTH YEAR February 4 1915 White Female YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Wicomico Maryland WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital Homemaker USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Rt.1 Box 218. 21872 Maryland Worcester Whalevville 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST Francis Jones Anna Donaway ADDRESS 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT TYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 219-01-9485 Howard T. Vickers. Salisbury. Maryland No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY 11200 IMMEDIATE CAUSE (0 DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUF TO OR AS A CONSPOUENCE OF underlying cause lost OND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? od. NO YES | 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220 1 certify the (1) (this hand-hall attended the decoursed from and that in any (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATUR 220 DATE SIGNED ATTENDING MEDICAL STAFF should be deto DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Whalevville Worcester Maryland 2-22-87 Dale Cemetery BP 250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR • STATE		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE	0 6	1 6 3
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deoth		Md.	U.	. S. A.	WIDOWE		Wico		MD
201	Per	ry Point, Md.	(VA)	1edical Cer	reer	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND OF BUSINESS OR INDUSTRY
AND 21:	3a. :	AL RESIDENCE (IF NURSING DOME OF	NTY TE	DN. GIVE RESIDENCE BEFORE USC. CITY OR TOWN	N as I	13d. INSIDE CITY LIMITS? YES NO 1	POB. 37,	ZIP CODE Worlo	n Md. 21678
red within 24 ond 2 s ond 2 s			MIDDLE	Walker		Lilliar	ME MIDOLE	Walk	
BALTIMORE,	160 \		MED FORCES			VAMC, Perry	Point, Mary		
PRESTON ST., BAL		Conditions, if ony, which gove rise to immediate	D BY. TE CAUSE (o)	CONSEQUE	onges	tive Heart Fa		ease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W ING PHYSICIAN: The low requires that r attending physicion. Wher this certificate has been signed by as the buriol-tronsit permit. Then please th and Mental Hygiene prior to burial, or orked or them 18 shows any injury, or ath	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR R) 21e. PEAC	OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, FA	19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR		COUNTY STATE
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SPITAL OR the h d by the h his all Director		22 PHYSICIAN'S NAME (TYPE C	//	2,4D			MEDICAL STAF		2-23-87
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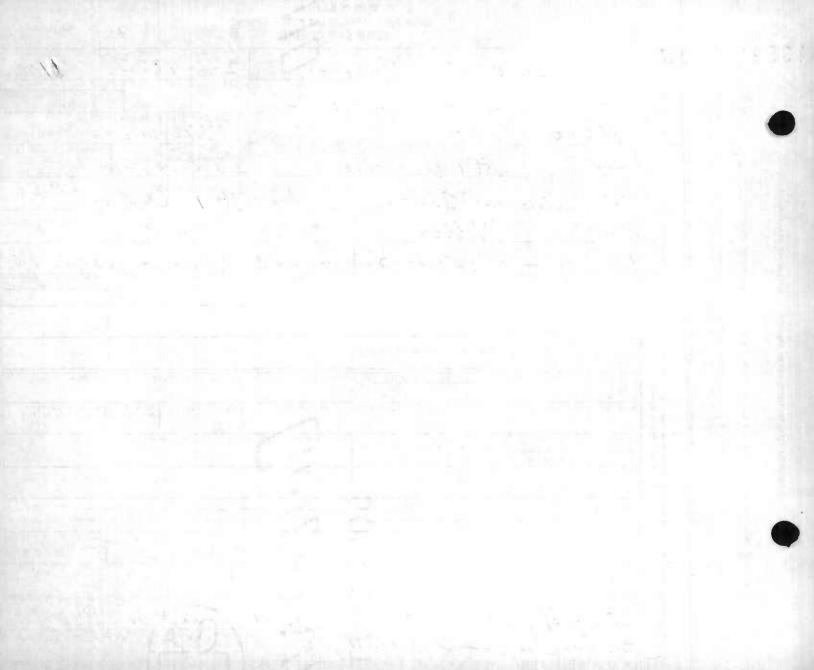
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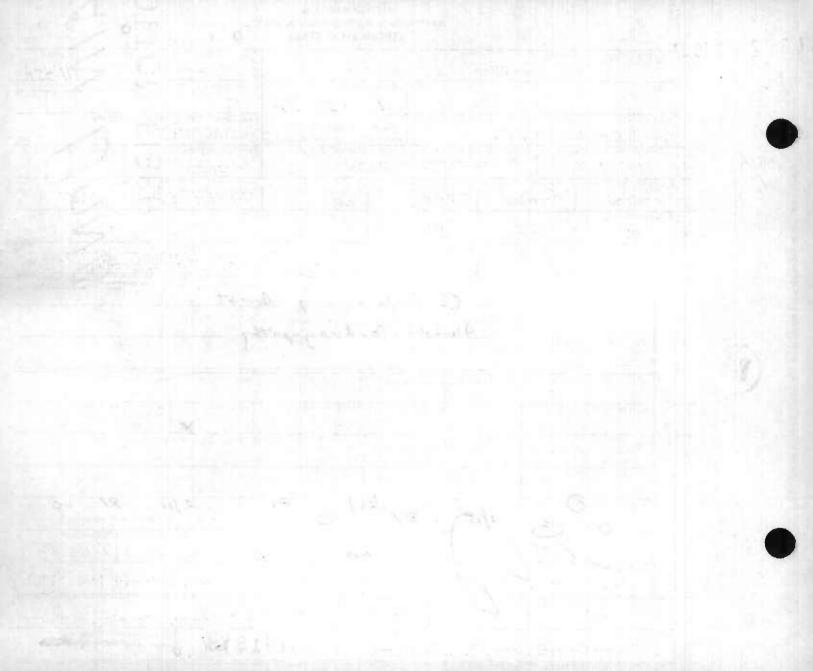
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		1-	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	SIENE 7 REG. NO	06163
4359	FEB 10 8		CEASED NAME GEOVERNITY	9 C S:	Webber	2-6-1	787 PEAR 126 HOUR 1/00 M
	ge 4 ma ector, po irs after c	3. SE	M2/6	White	5. DATE OF BIRTH (MONTH 19 DAY 1922)	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
	meral dir		STATE OR FOREIGN Mainte	TO CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		RCOUNTY OF DEATH
10	Dept.	10. CI	Puzntico	1). NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION EET ADDRESS!	170 USUAL OCCUPATION OF THE PROPERTY OF WORD FOR MOST OF	F WORKING LIFE) INDUSTRY
DIVISION OF VITAL RECORDS, 3.01 W. PRESTON ST., BALTIMORE, MARYLAND 21201	filled in hould be	130 5	AL RESIDENCE (IF NURSING HOME OF	VIY 130 SITY OR TO	YES NO	13. STREET ADDRESS	Kautice 21856
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TIMORE,	be execu	16a V	VAS DECEASED EVER IN U.S. AR (ES HOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE EWAR OR DATES) 7-/6	-52/ Crege 5	· Weblex	Jr. Anantico, Mt.
ST., BALI	ng physicale		PART I. DEATH WAS CAUSE	Ily one cause per line for (0), 1b), D BY TE CAUSE (0)	and (c).)	stati	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COMPANY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. PR	that the d by the ease re ol, crema or other		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
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AL RECO	ion. he low records to be formation in permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
I OF VIT	PHYSICIAN: The ending physicic this certificate the burial-transit of Memorial Hygist d or Item 18 shall be a few 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF E)THER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2)
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	aptrenote or CTOR: Alfor use of Health		, saw the deceased alive on	tal) attended the deceased from 19 t) view the body after death.		death occurred an the do	te and haur and from the causes stated
	OR ho		SIGNATURE	Seen us	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	224. DATE SIGNED
	TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State IMPORTANE, if		22d. PHYSICIAN'S NAME (TYPE O	RPRINT (27, M)	270 ADDRESS	toren 5.	+. Selvebing
	op of short	23a. E	URIAL, CHAMATION, REMOVAL	236. PATE 87 123	HAME OF CEMETERY OR CREMATORY	n RION RION	tiod COUNTYM STATE
DH	MH-16 60M 1/73	11.5	IN LEGICAL DIRECTOR	Messenhadores	31 VI NO 100 PT 250 PT	BECD. 9 REGSTR	256 REGISTRAR'S SIGNATURE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE(3) CERTIFICATE OF DEATH

111		KEOIOTKA						RE	.G. NO.		
		CEASED NAME	FIRST	7_7	MIDDLE	1	751 1	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
	TITPE		FORG	E	Davis	6	White.	Jebruar	V 25.	1987	5:36AM
	3 SEX			4 RACE		S. DATE C		& AGE JIN YEARS	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		Male		Whit	е	Dece	ember 7,1918	68	YRS.	MONTHS DAYS	HOURS MIN.
	7a. BIF	RTHPLACE STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9 BALTIMORE C	TY OR COUNT	Y OF DEATH	
0		Maryland	1681	U.S	.A.	WIDOWE		Wicomi	CO		MD.
) 1		TY OR TOWN OF DEA	тн				OR OTHER INSTITUTION	120 USUAL OCC			F BUSINESS OR
6	Sa.	lisbury		Penins	sula Ger	reral	Hospital	Retire			ser Ind.
,	USU A 130. S	AL RESIDENCE LIF NURSI	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDR	ess / 7IP COD	NE .	
5	M	Maryland		mico	Salisbur		YES NO		ing Ave		801
51	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM		DLE	LAS	
4	P	urnell	D.		White		Sallie		ginia		nds
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	1	DDRESS		
		Yes no or unknown)	WW1	.1	216-12-1	1884	Elizabeth Ra	yne White	e Same	as 13e	
Н		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), an	id ici i				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		E CAUSE (0)	CARDIOP	ULMO	INARY AR	REST			
				DUE TO, O	R AS A CONSEQUE	ENCE OF					
		Conditions, if ony,		((b)_	Conca	ESTI	VE HEART	FAILY	RE		
		gove rise to imm couse (a), statin		DUE TO O	R AS A CONSEQUE	ENCE OF				9 200	
		underlying couse	lost.	(c)_	MYO CA	RDIA	L INFARCTIO	IN & AS	CVD		
		PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR	CONDITION GI	IVEN IN PART 1	0,
	NO	AS C	VO.								
	CERTIFICAT	190 DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY		S, WERE FINDI	
1	RTIF							YES NO		ES 🗌	NO 🗌
-	_	210, ACCIDENT WAS UND	-		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE O	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
7	MEDICAL	JIF EITHER NOTIFY MEDIC	AI EXAMINER) P.		19					
4	AED	21d. INJURY OCCURR		21e. PLACE	OF INJURY	FARM, ETC)	21f LOCATION STREET	cm	ORTOWN	COUNTY	STATE
	~	AT WORK NOT WH	ILE								
N		220.1 certify that		E	e deceased from_	2 ~	13 19 8 7	. 10	20		that (we) last
		sow the decease above. M (we) (d			ofter death.	1,01	nd that in (my) (our) opinion o	death accurred an	the date and ha	ur and from the	couses stated
31		22b. SIGNATURE	- 0	/2 .	. 1-		DEGREE	ALEBICA I	CTAFF	22c. DATE	SIGNED
		Denn	is)	hos	huse	^		MEDICAL DIRECTOR P	STAFF HYSICIAN [2-2	25352
		22d. PHYSICIAN'S NA					22e. ADDRESS				
		Dennis	J. Ch	odnicki	100		Penninsula	General	Hospita	1 Salis	bury, MD
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial		2-27-	1987 IJ	TCOMTO	O MEM PARK	CATTO		COMTCO	MID

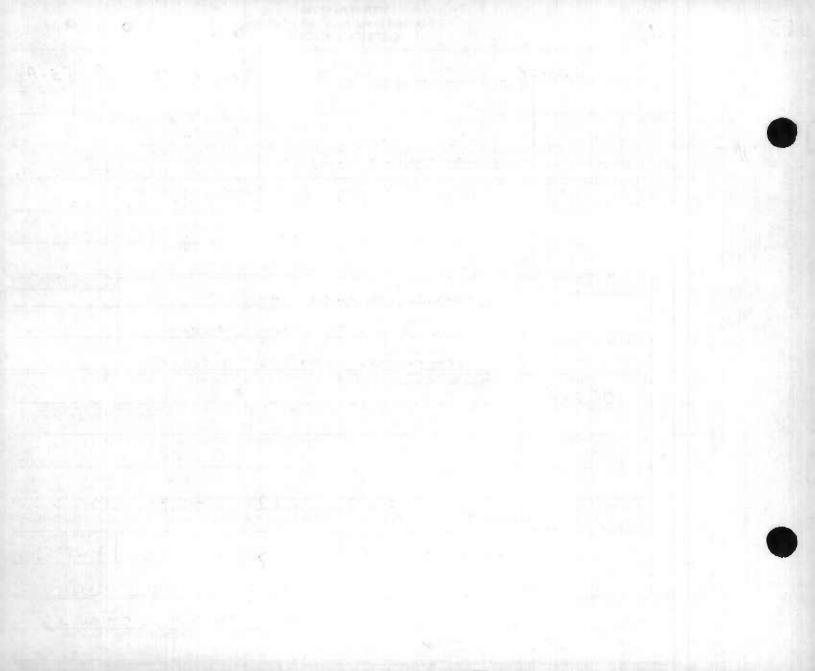
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21 is

Burial
24 FUNERAL DIRECTOR
BAKER AND BOUNDS

SALISBURY, MARYLAND

SALISBURY, WICOMICO 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



6		1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8	0 6	recipus.	5 8
15698 MAR	-21	II DEC	EASED NAME FIRST	N	NIDDLE	t.	AST		MONTH DAY	YEAR	26 HOUR
oy be		(TYPE	FLORENCE	OF C		WILK	ERSON		02 14	87	9:25 Pm
yor pog		3. SEX		4. RACE	•	5. DATE C		6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
ctor.	1		Female	W		Anr	13, 1894	92	YRS.	DAYS	HOURS MIN.
dire dire	1/	7a Bil	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH	
erol 64.	5/	1 -	elaware	USA		WIDOWE	NEVER MARRIED DIVORCED	WICOMIC	0		MD
ab fun			TY OR TOWN OF DEATH	11. NAME OF H	IOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATI	10N 12		F BUSINESS OR
of the offe	6	SA	LISBURY	SALTSB	URY NURS	ING HO	MF.	Homemak		DUSTRY	wn home
in b	2/	USUA	L RESIDENCE (IF NURSING NOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				(76	Kitels
ND 24 h	1		elaware Suss		Laurel	N	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS .		199	56
YLA thin thin	200		THER'S NAME	TELL			15. MOTHER'S MAIDEN NA	WE			
d w d	5 (/-)	2	Albert S. Car	mean	LAST		Maryann	WIDDLE	Pa:	r son:	
RE, A	B W	160 V	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	Salli	sbury,	4D 2	1801
MOI Se	235		ES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	221 05	989	B Helyne C.				
ALTH te be sers.d	#			ly one couse per							IMATE INTERVAL ONSET AND DEATH
phys	/ent,		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	D BY. TE CAUSE (0)	Poselli	al ;	In mouses			100	TRUD
N ST cert cert cert	tic e	71)	IMMEDIA		ALL CONTROL	ture Parl	1 - 1	1 _		- 12	
STO eoth	Own		Conditions, if any, which	1 10.0	10101111	sel 1	Wellen Alle	1000		4	w
PRE he d moti	r tro		gove rise to immediate couse (a), stating the	DUE TO/OF	AS A CONSEQU	Turnor.				,	
by t by t cree r.	otho		underlying couse lost	(4)	PER MICHAEL PROPERTY.	NACE OF			3000	4	
ned n ple	γ, οι		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN II	N PART 1	0
RDS equi	5	O									
RECORDS I low requi	E	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDING	GS USED OF DEATH?
ALR The lon. the hos	Sw.	TIF						YES NO	YES [NO 🗌
VIT. Nysic hysic rons Hyg	188	CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		F INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
DIVISION OF VIT NG PHYSICIAN. offending physic fifer this certificat os the buriol-from	E H	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	MIN .		19	Service Service				11
PHY sudire but d M.	000	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY	FARM, ETC.)	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
NG offer of the orthon	orke	~	AT WORK NOT WHILE	5				- 0/		23	
NO IN A A A A A A A A A A A A A A A A A A	E s		220 1 certify that (1) (this hosp	° L 1		07	19 00	10	19_		that (I) (we) lost
ATTE Sprite CTO d for	n 21	M	phope if erraid jaid in	of view the boy!	after death,		d that in (my) (our) opinion	death occurred on the d	ate and hour and		
OR bolkE	f Her		276 DISGNATURE	. 11/2			ATTENDING &	MEDICAL STA	FF	THE DATE	II WA
TAL yy th RAL deto deto tote	<u> </u>		XU THU	1250			PHYSICIAN D	DIRECTOR PHYSIC		2//	6/8/
OSPI ed b	RIA!	h	EARL M. BEAR		D		CIVIC AVE. 8	2 PT 50 S	AT.TGBITRY	MD	21801
O HO Prouling	WPORT		EARL M. DEAR						VIIIODOLII	9 1.11	. 21001
Califica	=/		SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	co	UNTY	STATE
(19 1 BP 99	-	b	urial	2/17/	87 Ki		Church Cem.	Laurel	Susse		
DHMH - 16 60M	7/84	24 FI	JNERAL DIRECTOR		ADDRESS		9956 250 DAT	e rec'd. by registrar 3.2.7.1987	250 REGISTRAR	SSIGNA	IRE CARRES
(VRA 15, 4)		H	omer L. Dish	aroon b	ox 678	Laur	el DE FE	327 1987			

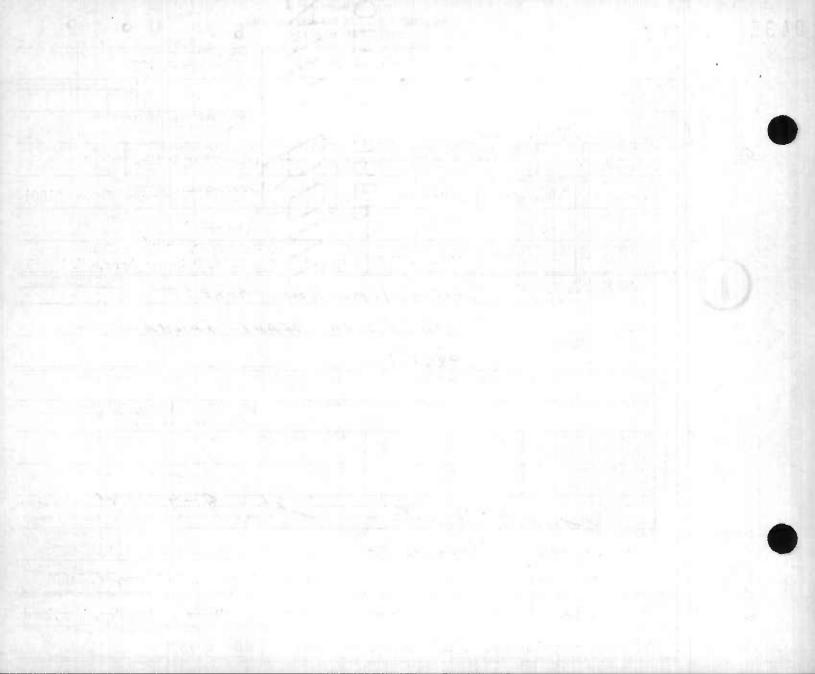
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43586 FEB	di	FOR STATE REGISTRAR			DEP		NT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT		8 /	REG. NO.	0 6	Beatrase	Ó)
		CEASED NAME OR PRINT) Bil	FIRST	Clyd	AIDDLE	W	illian	121		20 DATE OF DE		, 1987	YFAR	26 HOUF	?
e 4 may be ctor, page 3 s offer death	3. SEX			4. RACE White			S. DATE O			6 AGE (IN YEARS			INDER 1 YEA	_	A HRS
nerol dire		RTHPLACE ISTATEORFI		s U.S.			MARRIED WIDOWEI	NEVER MARR	RIED C	9 BALTIMORE WICO	_	COUNTY OF	DEATH		MD.
	S	SALISBURY		AT HO				ON APAR						SS OR	
AND 21:	13a S	Maryland	136 COUN	OTHER INSTITUTION.	Salist	TOWN	DMISSION}	134 INSIDE CITY L	Lund	130 STREET ADDRESS / ZIP CODE 1009-1 Fairground Drive 21801			301		
MARYL Mary September of with	14 FA	THER'S NAME FIRST (Ur	nknowi	n)	LAST		15. MÖTHER'S MAIDEN NAME (Unknown)					ι	AS1		
MORE, of execution of the color		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)						. Patrick C. Williams (Son) ing C-14, Princess Anne, Md. 218			53		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours cattending physician. Wher this certificate has been signed by the ottending physician and completely filled in by as the burial-strains permit. Then please remove can district the property of the old Mental Hygiene prior to burial, cremation, or exercise and mental Hygiene prior to burial, cremation, or exercise and mental B shows any injury, or ather traumates.	7	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	AS CAUSEE IMMEDIATE which nedicte g the lost	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI	RAS A CONS RAS A CONS RAS A CONS	EQUEN EQUEN	PUL EST ICE OF	MONA A	16/10	RT F	AIL	URM		DAMATÉ INTERV N ONSET AND E	DEATH
he law requant. The spermit. The server to away any inji	CERTIFICATION	19a DATE OF OPERAT	ЮИ	196. CONDI	TION FOR WI	нісн О	PERATION	N WAS PERFORME	D	200 AUTOPS		Ob. IF YES, W N CERTIFYIN YES [IG CAUSE		
VISION OF VIT. G PHYSICIAN: Totalending physic er this certificate she burial-trans road Mentol Hyg ked or fem 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER. NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WH ALL WORR ALL WORR	AUSE OF DEA CALEXAMINER) RED	HOUR A.	м. монтн м.		19	211. LOCATION	OCCURRI		E OF INJURY I		OR PART 2)	51	ATE
ATTENDIN ospital ar is ECTOR: Aft of for use on it, of Health m 21 is mar		22a.1 certify that (1) sow the decease above, (1) (we)	(this hospit	- 9	0.6	rom F		d that in (mỹ) just	Sopinion d	, to	- 9	and hour or			€) lost ted
by the h ERAL DIR!		226. SIGNATURE 226. PHYSICIAN'S NA	nes	J C	lodn	cal			NDING ICIAN X	MEDICAL DIRECTOR	STAFF	и		1987	
TO HOSPITA TO FUNERAL Should by WHORTANT		Dennis .	J. Cho	dnicki, I	M.D.			Locust		uincy St	s., Sa	lisbury	,Md.	21801	
BP		URIAL, CREMATION, SPECIFY Cremati		23b. DATE 2/6/	1987			y Cremat		Salish		Wicom	DICO,	Marylo	and
DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR	E 1 = 1		ADDS	PESS .			250 DATE	REC'D. BY REG	ISTRAR 25	b. REGISTRAI	R'S SIGNA	ATURE	

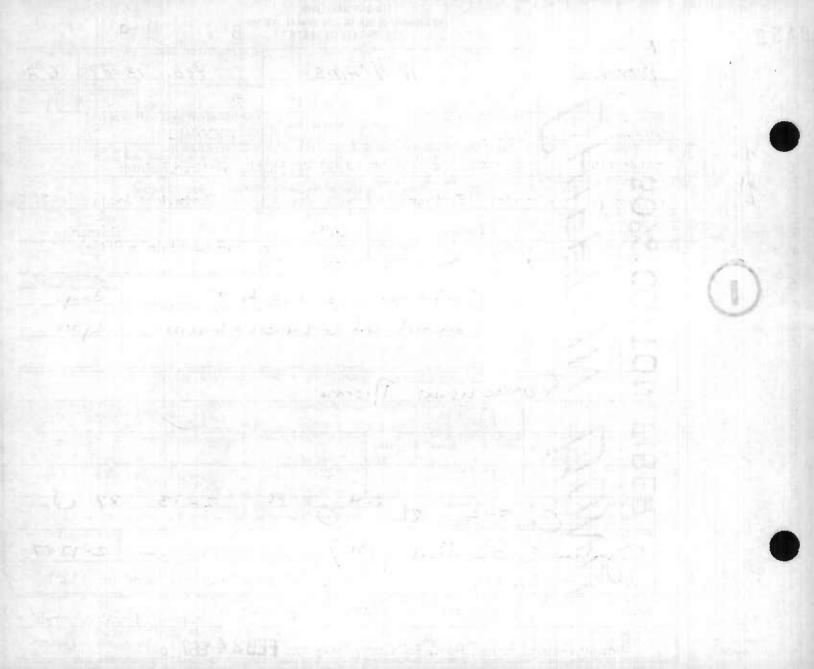
FEB

Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15, 4)



	1				STAT	OF MARYLAND				
304 FEB 2	1.	FOR STATE PREGISTRAR		DEPA		EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 / REG. NO	0 6	1 /	U
de o		CEASED NAME WOODT	ow Wils		Willip	ms Ams	20. DATE OF DEATH A	, 13	87 2b	HOUR GRAM
ector. po	3. SE	[×] Male	4. RACE White	Wile.	S. DATE C	26 1913	6. AGE (IN YEARS LAST BIRTH			UNDER 24 HRS OURS MIN.
uneral dir	So	RTHPLACE (STATE OR FORE) country) alisbury, Maryl	and U.S.A.		MARRIE				DEATH	MD.
Jet the filed with th	5	ALISBURY	RIVER	WALK	MANOR	NURSING H	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	WORKING LIFE)	2b. KIND OF BI NDUSTRY	USINESS OR
tilled by district of the state	13a. Mc	ryland	COUNTY Wicomico	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES NO	418 Cartw	ZIP CODE	venue	21826
20		ATHER'S NAME FIRST John		lliams		Lillie FIRST	WIDDLE		Hillman	
4/		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES) WWII	214-10		Same as #1	rs. Ruth Capawi 3e	Iliams (
by the other management of the company of the compa		Conditions, if ony, who gave rise to immedicouse (a), stoting	DUE 10, O		QUENCE OF	ulan acc	resdens	3	APPROXIMATI BETWEEN ONSE	\ <u>3</u>
s been signed ermit Then ple prior to buric s ony injury, o	IFICATION	PART 2 OTHER SIGNIFIC	Vark	nsun	1	NOT RELATED TO THE TE	RMINAL DISEASE OR COND	20b. IF YES, WE	ERE FINDINGS G CAUSES OF	USED DEATH?
this centracte ho and weekly the second of t	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	E OF DEATH HOUR A. XAMINER) P.: 21e. PLACE	M. MONTH	19	21c. HOW INJURY OCCU	YES NO DIAMETER NATURE OF INJURY	YES] ^	STATE
O FUNERAL DIRECTOR Afrecand less described for use as the left the State Dept. of Health on POSTANT. If them 21 is marked	~	224 SIGNATURE 224 PHYSO AN'S NAME	s hospital) attended the	e deceased fro	m 8.	DEGREE ATTENDING PHYSICIAN	medical Staff Director Physicia Rd., Salisbury,	AN 🔒	22c. DATE SIG	SNED 387
BP		BURIAL, CREMATION, REM		6/1987	Spring	emetery or cremator hill Memory	Gardens Hebro	n, Wico	mico, M	aryland
IMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR Holloway F	uneral Home	P.A.		y, Maryland	ATE REC'D. BY REGISTRARY	SO MEGISTRAR	S SIGNATURE	

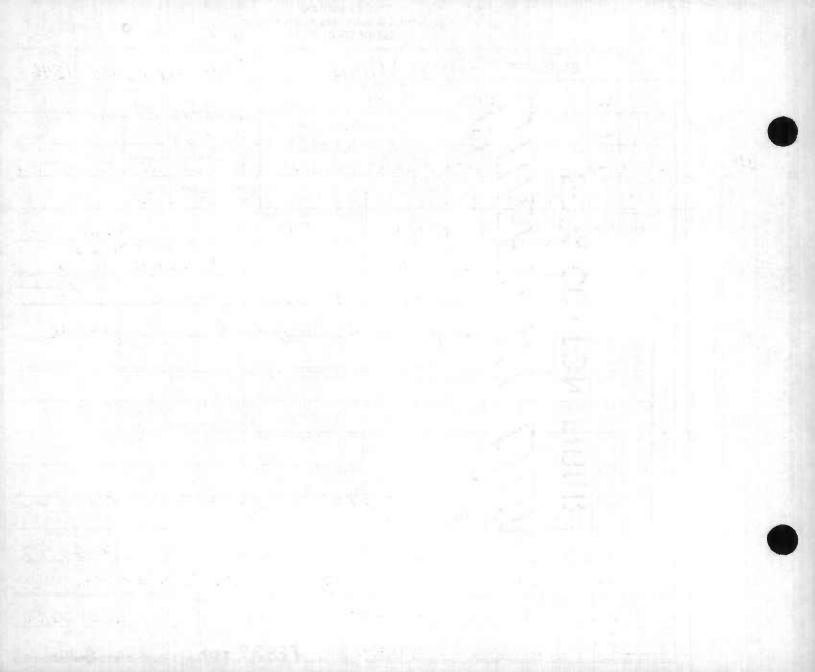


15	689 MAR-2	37.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 7	06	7 1
	y be leoth		CEASED NAME EIRST EVER		GRANT	Wil	lin	FEBRUA	MONTH DAY Y	26 HOUR 1346
	ge 4 moy ector poor	3. SE	MALE	4 RACE WHI	TE	S. DATE O	DAM WEAD	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
•	deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIED WIDOWEI	XNEVER MARRIED DIVORCED	Wicomico	OR COUNTY OF DEA	TH
201	10° 5° 6° 6° 6° 6° 6° 6° 6° 6° 6° 6° 6° 6° 6°	Sa	lisbury	Penins	sula Gen	eral	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE PA	ON 12b K	ND OF BUSINESS OF STRY ELF-EMPL
AND 21	filled in 24 hou	13a M.			SHARPT		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 706 MAIN	STREET/2	21861
MARYL	omplete)			MIDDLE	WÎLLI		15. MOTHER'S MAIDEN NA	TIE	WRIC	
TIMORE	be execu		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO —	MED FORCES?	229-16-0		NELLIE G.		IARPTOWN	
II W. PRESTON ST., BAL	that the death certificate by the attending physicis as remove carbon paper il, cremation, ar removal. atter traumatic event, th		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	D BY: "E CAUSE (a) DUE TO, O:	RAS A CONSEQUE	nce of aide	ue lea al Infa	er S	ee Q. BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH COL
ORDS, 20	requires 1. Then plant or to busy by injury, o	ATION	PART 2. OTHER SIGNIFICANT (
AL REC	The part of the form	1 8	190 DATE OF OPERATION			OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [USES OF DEATH?
N OF VIT	SECURAL PARTY OF THE PARTY OF T	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	NIN .	FINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I ORPA	R† 2)
6	14 3 A + H S	1 5	214 INJURY OCCURRED	21e PLACE	OF IN HIPY		211 LOCATION			

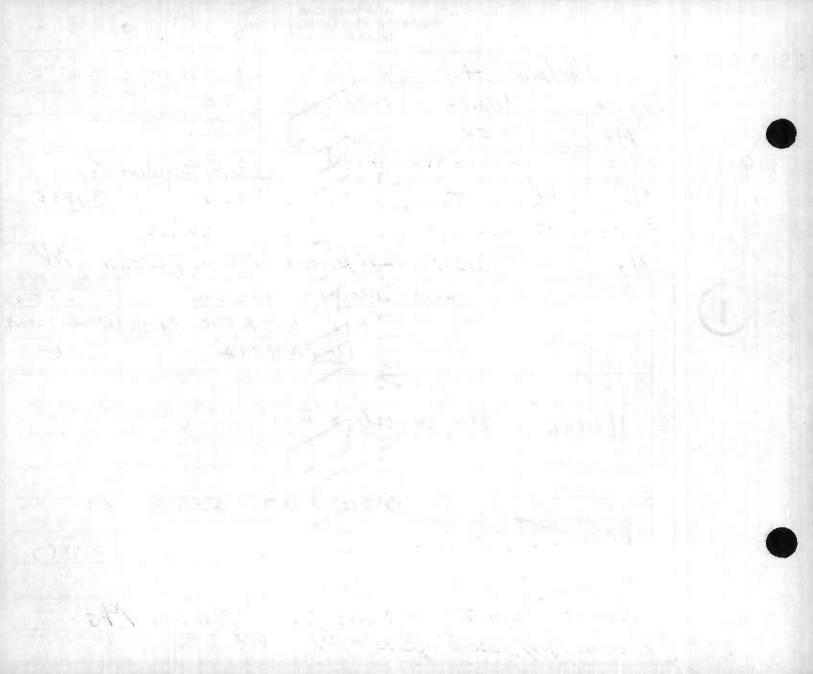
STREET CITY OF TOWN COUNTY (AT HOME, STREET, EACTORY, OFFICE, EARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS WILBER R. ELLIS, MD 100 POWER STREET, SALISBURY, MD 23a BURIAL, CREMATION, REMOVAL 23d LOCATION
CITY OF TOWN, WICOMICO, MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 2-24-87 FIREMEN'S CEMETERY 24 FUNERAL DIRECTOR ZELLER FUNERAL HOME, SHARPTOWN, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	6 1 / 2
s ofter dead 3		CEASED NAME THE STATE OF PRINTING	REG. NO. REG. NO. 120 DATE OF DEATH MONTH FEBRUARY 14 RACE 15. DATE OF BIRTH MONTH O DAY 9 1 25 AR 75 YES.	DAY YEAR 26 HOUR 5 1987 0 9 40 M IF UNDER LYEAR IF UNDER 24 MES. MONTHS DAYS HOURS MEN.
er death. Pag	10 C	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WICOMICO WICOMICO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	MD 126 KIND OF BUSINESS OR
24 hours site	1	Lisbury AL RESIDENCE (IF NURSING HOME COLUMN 136 COLUM		nd Co.
operation of the service of the serv	(HIERS NAME OF OLD 9/	builded Hawayton Is MOTHER'S MAIDEN NAME William I William I William I will be with the will be the wi	LAST
Se exection and se section and section and section and section and section are section as a sect		YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NE WAR OR DATES! 12-10-023 Helena Wattson, Tya	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
equires that the death certification is signed by the armodium of Then please remote to buriol, cremating injury, or other traumications.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF METATIC CALL DUE TO, OR AS A CONSEQUENCE OF MEPATOMA. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF CONTRIBUTION OF CONTRIBUTI	3m6.
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TAL OR ATTENDING PHY y the hospital or ottending the hospital or ottending the Dept of Health and N it if frem 21 is marked of	MED	saw the deceased alive o above, (1) (we) (did) (did) 226 SIGNATURE	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN CITY OR TO	19 \$ 7, that (I) (we) last sour and from the causes stated 22t. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		272d PHYSICIAN'S NAME (TYPE A HABIR SURIAL GEMATION, REMOVA SPECIFIC ACCOUNTS SPECIFICATION	Sharma 614B FASTERN ShorE DOI 1 236 DAYE 187 236 NAME OF CEMETERY OF CREMATORY 238 LOCATION TO BLOWN IN	MA 2189 VE
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or. p	3 SEX	4. RACE	5. DATE OF B	DAY YEAR		MONTHS DAYS	HOURS MIN.
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AARYLA mpletely and 2 shoer	Father's Name First Edward E. Gordy	MIDDLE tA	AST 15	MOTHER'S MAIDEN NAM	MIDDLE	LAST	
E Con State	160. WAS DECEASED EVER IN U.S. A		L SECURITY NO. 17	INFORMANT	ADDRES	S	
Mog and work	NO (YES, NO OR UNKNOWN) (IF YES, G	- 221-(07-7796	William Gord	v Delmar. N	Maryland 2187	75
201 W. PRESTON ST., BA	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	ED BY: ITE CAUSE (0) Right DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	HEMISPA	pric cerebr		occident 30	days
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	of related to the termi	NAL DISEASE OR COND	ITION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir after this certificate has been eig as the burial-transit permit. The th and Mental Hygiene prior to be acked at Item 18 shows any injury.	190 Diabets W	196 CONDITION FOR V	WHICH OPERATION V	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH? NO
VITAL N: The system of control of the system	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		1c. HOW INJURY OCCURRI			
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the other if it is it.	186		my	2 ATTENDING PHYSICIAN	MEDICAL STAFF	AND 2/19	87
HOSPITA ned by FUNERA Ild be d the Sto	Charles R.	ilvia Jr. H		PGHMC			
retained retained should be writh the	230 BURIAL, CREMATION, REMOVA			ETERY OR CREMATORY	123d LOCATION		
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